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ABSTRACT

The guide is intended to be a practical tool for screening and identifying Wisconsin students suspected of being emotionally disturbed (ED). It contains information on the legal requirements for the identification and placement of ED students as well as the definition of emotional disturbance and techniques for screening and evaluation. Sample copies of instruments, interview forms, multidisciplinary team (M-team) reports, and individualized education programs are included, along with a discussion of the roles of various professionals at different stages in the assessment process. The first chapter covers the rationale for ED screening, the goals of screening social-emotional behavior, and the screening process. The next chapter looks at the Wisconsin M-team procedural requirements, process, and reports. Chapter 3 presents the definition and criteria for emotional disturbance, while chapter 4 discusses principles of assessment and describes 47 behavioral checklists and rating scales. Chapter 5 presents sample M-team reports and corresponding individualized education programs (IEP) for both the elementary and secondary levels. An extensive appendix includes samples of: screening forms, observation forms, a teacher interview form, a school behavior rating form, an early childhood behavior rating form, a school intervention form, a student interview form, a parent interview and questionnaire form, and sample M-team and IEP data gathering forms. (17 references) (DB)

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Educational Assessment of Emotional Disturbance: An Evaluation Guide

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Foreword

The State of Wisconsin has always been a progressive leader in education. We are committed to continuing that tradition, not only in regular education, but in special education as well. In 1973, Wisconsin became a national leader in special education by passing legislation to mandate free, appropriate public education for all exceptional education needs children, and efforts are made to continually monitor our programs to ensure the intent of the law is being carried out.

The time has come to focus our attention on the area of emotional disturbance (ED). State needs assessments, surveys, and observations in the field indicate many successful ED programs are operating within our boundaries, yet critical needs still exist in ED, and new problems are emerging. There is a severe shortage of teachers; some students who have emotional problems are not identified. We have a recognized need to expand and identify services for children who are emotionally disturbed.

Because of the state's strong ongoing commitment to quality education for emotionally disturbed students, this guide has been developed. The *Program and Curriculum Development Guide for Students Having Emotional Disturbance*, the companion to this guide, is being completed. Both guides contain up-to-date information on assessment, programming, and resources in the field of emotional disturbance. The information in these documents should assist school districts in developing new programs as well as strengthening existing ones. New teachers, as well as seasoned veterans, can gain valuable insights in their task of identifying students and using the most promising practices in the classroom. I encourage practitioners to use the information provided in these guides to develop and maintain the best services possible for emotionally disturbed students in Wisconsin.

Herbert J. Grover
State Superintendent

Preface

This guide has been written with the teacher of emotionally disturbed children in mind and in response to frequent requests for assistance in evaluating the exceptional educational needs of emotionally disturbed children. It is meant to serve as a practical guide for screening and identifying students suspected of being emotionally disturbed. Identification, labeling, and subsequent placement of students in special programs can allow them to get the educational help they need. However, the label can carry negative ramifications that the ED teacher should be prepared to explain and dispel. Therefore, it is important for teachers to take the responsibility of evaluation and identification very seriously, since this process ensures ED children their right to an appropriate education.

This guide contains information on the legal requirements for the identification and placement of ED students as well as the definition of emotional disturbance and techniques for screening and evaluation. Sample copies of instruments, interview forms, multidisciplinary team reports, and individualized education programs are included, along with a discussion of the roles of various professionals at different stages in the assessment process. These samples have been gathered from and recommended by ED practitioners around Wisconsin and across the nation. Other material in this book is recommended as good practice and is not a legal requirement. All forms, sample reports, and outlined procedures may be reproduced and modified to best serve your needs.

The authors hope this guide will prove useful in improving the quality and quantity of services to emotionally disturbed students in Wisconsin.

Acknowledgments

This publication is a result of ongoing communication about the most promising practices in assessment and programming for emotionally disturbed students. Over a period of five years, the DPI disseminated 4,000 copies of the working draft of this guide throughout the state for the purpose of testing its contents. The department elicited written and verbal critiques of the draft from those who used the manual. Statewide workshops were conducted on using the draft and further feedback from recipients was obtained. In addition, critical concepts from the guide were presented to university teacher trainers and students. Teachers, administrators, school psychologists, and other school personnel not only critiqued the working draft but also made additional contributions of ideas and materials that appear in the final document. The information contained in the following pages is valuable and useful because it comes from people who are working in the field of emotional disturbance.

All materials and practices put forth in this document have been developed around the state definition of "emotional disturbance" and the legally prescribed multidisciplinary team process in PI 11, Wisconsin Administrative Code.

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Screening for Emotional Disturbance

Rationale for ED Screening—page 2
Goals of Screening Social-Emotional Behavior—page 2
The Screening Process—page 3

> *. . . students with serious emotional disturbances remain significantly unserved or underserved.*
>
> *Statement of the National Mental Health and Special Education coalition to the Senate Subcommittee on the Handicapped, April 5, 1989*

Rationale for ED Screening

Wisconsin schools have a legal obligation to screen and refer students suspected of being emotionally disturbed, pursuant to Subchapter V, Chapter 115.80, Wisconsin Statutes, and PI 11.02 (1), (5), and (9), Wisconsin Administrative Code. Beyond the legal requirement, screening for emotional disturbance is a justifiable and beneficial educational endeavor. Emotional disturbance is not necessarily a lifelong condition and, with appropriate early intervention, has a good prognosis for improvement.

Without appropriate intervention, a student's emotional condition might deteriorate. Over time, a self-fulfilling prophecy occurs. As teachers expect negative behaviors from an emotionally disturbed student, the student responds consistent with expectations. The behavioral repertoire becomes so ingrained it is difficult to reverse. A student's maladaptive interactions in the environment may also prohibit any academic growth. The emotional conflicts can limit the student's perceptual and behavioral alternatives, restrict intake of information, and distort aspects of knowledge. Depending on the degree of disturbance, emotionally disturbed students are unable to profit from their educational experience.

By failing to screen, refer, assess, and provide intervention, the educational system actually contributes to the student's condition of emotional disturbance. Without proper instruction, an ED student is deprived of the opportunity to achieve the goals of education. Some of the goals of education include dealing constructively with psychological tensions and preparing people for the world of work, citizenship, and personal development.

Screening for emotional disturbance is intended to accomplish several educationally sound purposes. Screening can foster growth-enhancing and ego-strengthening experiences. Screening can counter educational failure by using identified strengths to compensate for identified weaknesses. Screening can involve parents and teachers in an ongoing concern for the health and educational well-being of the student. And, finally, screening can facilitate the early identification of children suspected of being emotionally disturbed.

Goals of Screening Social-Emotional Behavior

The following goals for screening evolved from guidelines compiled from a review of literature and laws relative to screening. These goal statements provide the framework for evaluating the effectiveness of the screening process used to implement them. These goals are:

- promotion of the strengths of a child and family to cope with those tasks related to the child achieving maximum educational potential;
- subsequent interventions to prevent the development of severe emotional disturbance by detecting discrepancies between environmental opportunities, expectations, and the child's behavior style.

- [illegible]
- [illegible]

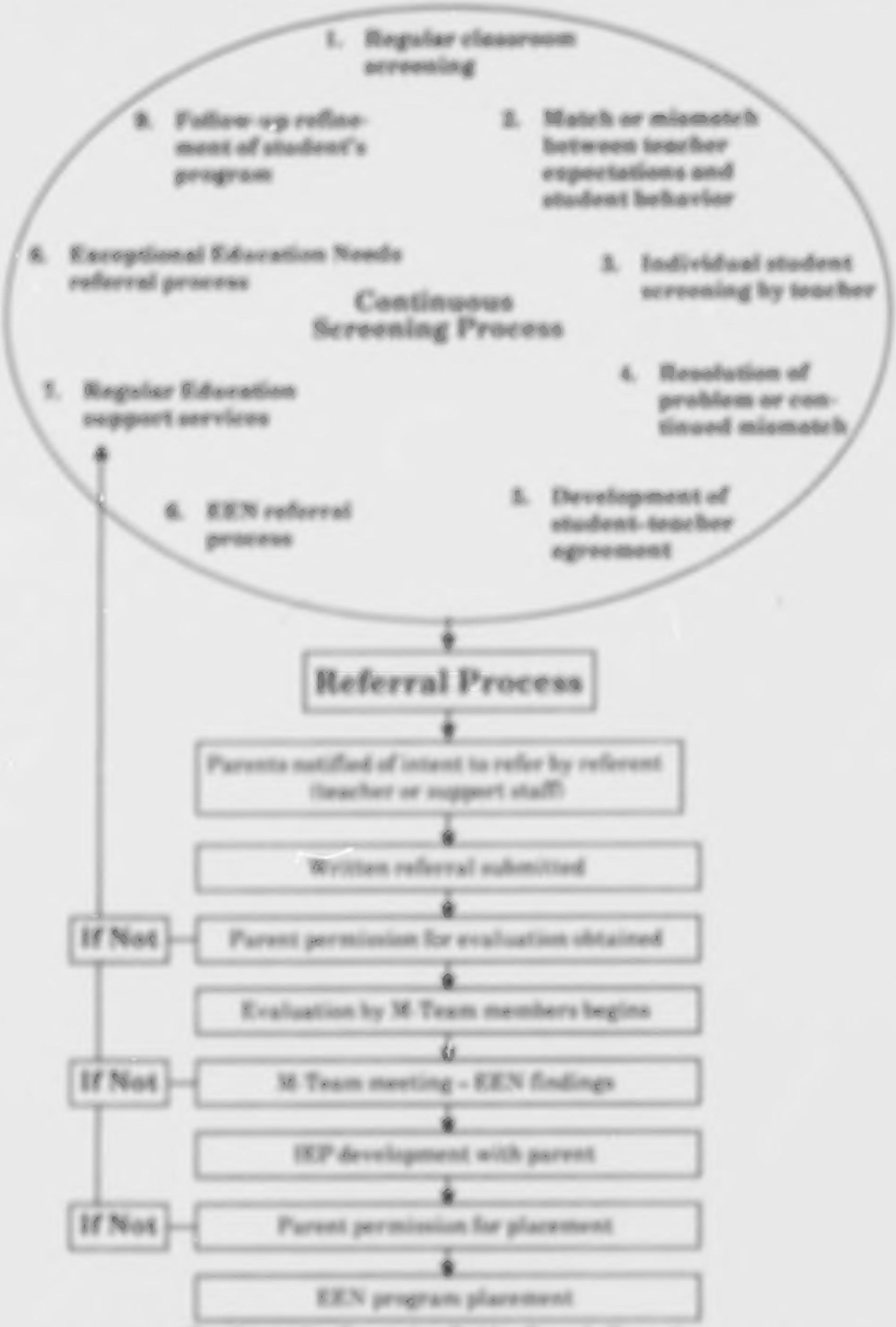
The Screening Process

[illegible]

[illegible]

Figure 1

The EDSA Match-Mismatch Model


1. Regular classroom screening
2. Match or mismatch between teacher expectations and student behavior
3. Individual student screening by teacher
4. Resolution of problem or continued mismatch
5. Development of student-teacher agreement
6. EEN referral process
7. Regular Education support services
8. Exceptional Education Needs referral process
9. Follow-up refinement of student's program
Continuous Screening Process
Referral Process
Parents notified of intent to refer by referent (teacher or support staff)
Written referral submitted
If Not
Parent permission for evaluation obtained
Evaluation by M-Team members begins
If Not
M-Team meeting – EEN findings
IEP development with parent
If Not
Parent permission for placement
EEN program placement

(See Appendix, Screening Guides Sample Form 1)

The Multidisciplinary Team Process

Overview—page 6
Wisconsin M-Team Procedural Requirements—page 6
Analysis of Wisconsin's M-Team Process—page 11
The M-Team Report—page 13

> *In any measure that we make across the field—whether in component behavioral, physiological, or psychological aspects of the individual, or in component parts of the institutional unit to which he belongs (the school class, the family, etc.), or in the surrounding community components—it is imperative to recognize that no single measurement represents the whole picture.*
>
> *—William C. Rhodes*
> *1972*

Overview

Both state and federal laws require that important educational decisions about handicapped children and adolescents be made by a team. The Multidisciplinary Team (M-Team) is comprised of qualified professionals who have information about the student that could be relevant to the educational program. Special and regular education teachers, school social workers, counselors, school psychologists, speech and language therapists, administrators, and other school staff can be included on the team. Physicians, parole officers, social service case workers, and other ancillary staff can be asked to serve as consultants to the team. In some instances, the student may be asked to participate. The composition of the team must include at least two people skilled in the assessment of, and programming for, the suspected handicapping condition of emotional disturbance. One of these two people must be a teacher licensed in ED. The M-Team determines the presence or absence of ED and the need for the student to have special education.

Wisconsin M-Team Procedural Requirements

Wisconsin Administrative Rule

PI 11.04 MULTIDISCIPLINARY TEAMS

(1) CONSENT AND NOTICE FOR THE M-TEAM EVALUATION PROCESS (a) 1. Except as provided in subd. 3, a board may not conduct an M-Team evaluation of a child without the parent's written consent. The consent obtained by the board shall meet the requirements under s. PI 11.09(2)(a) and, if the child is determined to be a child with EEN, the consent shall continue in effect and thereby grant consent for subsequent reevaluations until the parent revokes his or her consent in writing.

2. Except as provided in subd. 3, a board may not conduct a reevaluation of a child if the child's parent has revoked his or her consent for an M-Team evaluation unless the parent grants consent again.

3. If a parent refuses or revokes his or her consent for an M-Team evaluation, a board may initiate a hearing under s. PI 11.10 to determine whether the board shall conduct an M-Team evaluation of a child without the child's parent's written consent.

(b) Whenever a board proposes or refuses to initiate or change the M-Team evaluation process, it shall send a written notice to the child's parent of its intent to so propose or refuse. The notice shall be sent within a reasonable period of time before the proposed action or before the refusal to take action and shall meet the requirements under s. PI 11.09(1).

(2) APPOINTMENT AND COMPOSITION. (a) Whenever a board receives an EEN referral for a child who is a resident of the district and who has not graduated from high school, the board shall appoint an M-Team to conduct an M-Team evaluation of the child to determine whether the child is a child with EEN. The board shall select the members of an M-Team for their expertise in the handicapping condition the child is suspected to have. All members of an M-Team shall be employes of the board; a CESA or CHCEB serving the district; a board that is a participant in a 66.30 agreement entered into by the board; a district that has entered into an agreement under s. 121.85, Stats., with the board; a board within the

district's CESA, if the employes are serving the district through a CESA program; the Wisconsin school for the visually handicapped; or, the Wisconsin school for the deaf. An employe of the Wisconsin school for the visually handicapped or of the Wisconsin school for the deaf may not be appointed to an M-Team unless he or she is licensed under subch. VII of ch. PI 3, is not management personnel, and has been designated by the superintendent of his or her school as being available to participate on an M-Team. The professional recommendations made by staff members of the Wisconsin school for the visually handicapped and the Wisconsin school for the deaf, when serving as members of an M-Team, shall not be construed to be those of the department. For purposes of this paragraph, a person is an employe of the board even if the only function that he or she is employed to perform is to serve as a member of an M-Team.

(b) An M-Team shall include all of the following:

1. An employe of the board.

2. At least two persons who are skilled in assessing children and programming for children with handicapping conditions. At least one of these two persons shall be a teacher who is licensed to teach in the handicapping condition that the child is suspected to have. If a child is suspected to have or is currently identified as having more than one handicapping condition, there shall be a teacher or teachers on the M-Team who is or are licensed to teach in all of the child's suspected and currently identified handicapping conditions.

3. If a child is suspected of having a learning disability, the child's regular education teacher, if the child has one. If the child does not have a regular education teacher, a regular education teacher licensed to teach a child of his or her age.

4. Other individuals as needed to evaluate and determine the needs of the child.

5. If a child is suspected of needing occupational therapy, an occupational therapist.

6. If a child is suspected of needing physical therapy, a physical therapist.

(3) M-TEAM EVALUATION. (a) The M-Team shall examine all relevant available data concerning the child, including the following:

1. Records concerning the child's previous and current educational performance, health, and social behavior.

2. Records of previous interventions and special education programs provided to the child and the effects of the interventions and programs.

3. Records of the child's ability to acquire information via different media such as oral presentations, written documents, and visual displays.

(b) If the child is suspected to be or is currently identified as being learning disabled, at least one member of the M-Team, other than the child's regular teacher, shall observe the child's performance in the regular classroom. If the child is of less than school age or is out of school, the M-Team member shall observe the child in an environment appropriate for a child his or her age.

(c) The parent shall be involved and consulted throughout the entire M-Team process.

(d) The M-Team shall use evaluation materials and procedures as needed to assess the child in all areas related to the suspected handicapping condition. If tests and other evaluation materials and procedures are used they shall meet the following requirements:

1. They shall be provided and administered to the child in the child's native language or other mode of communication, unless it is clearly not feasible to do so.

2. They may not be racially or culturally discriminatory.

3. They shall be validated for the specific purpose for which they are used.

4. They shall be administered by trained personnel in accordance with the instructions provided by their producer.

5. They shall be tailored to assess specific areas of educational need and not simply to provide a single general intelligence quotient.

6. Tests shall be selected to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills, except where those skills are the factors which the test purports to measure.

(e) Any member of the M-Team may request additional information or conduct additional tests at any time during the evaluation process.

(f) An M-Team shall comply with pars. (a) to (d) prior to the M-Team meeting under sub. (4).

(g) Each member of the M-Team shall prepare a written report of the evaluations he or she conducted and the findings. The members shall submit their reports to the director or program designee with the proposed M-Team report or reports under par. (d)1, unless the parent asks to have the individual reports available at the M-Team meeting. The members shall have their individual reports available at the M-Team meeting if the parent requests that in writing within 10 days of the date the board sent the notice of the M-Team evaluation under sub. (1)(b).

(h) An M-Team may consult with persons other than employes of the board if it is needed to appropriately assess whether a child is a child with EEN. Individuals other than employes of the board may not be appointed official members of an M-Team.

(4) MEETING. (a) The board shall set a date for the M-Team to meet and discuss the members' evaluations and findings and all the information obtained under sub. (3).

(b) The board shall notify the parent of the meeting within a reasonable amount of time prior to the meeting. The notice shall include all of the following:

1. The date, time, and location of the meeting.

2. Information that the purpose of the meeting is to determine whether the child is a child with EEN.

3. The names and titles of the members of the M-Team and any additional people who may be attending.

4. Information that the parent may attend the meeting and may bring an advocate.

5. If the child is a member of a minority, information that a member of that minority may attend the meeting and have input into the M-Team's decision-making process.

(c) Each member of the M-Team shall attend the meeting or shall be represented by a person who is knowledgeable about the child and the member's evaluations and findings. More than half of the members of the M-Team shall be present at the meeting.

(d) At the meeting the M-Team shall discuss and consider all of the information received under sub. (3) and it shall discuss and compare the evaluations and findings of each of the members. Based upon its evaluations and findings the M-Team shall, using the criteria established in s. PI 11.35, determine if the child has a handicapping condition. An M-Team may not find that a child has a handicapping condition based upon a single evaluation procedure. If the child is found to have a handicapping condition, the M-Team shall determine whether as a result of the handicapping condition the child needs special education. The M-Team shall reach a conclusion regarding whether the child is a child with EEN. If the M-Team concludes that a child is a child with EEN, the M-Team shall consider and make recommendations regarding what related services the child may need. If a need for occupational or physical therapy has been considered by the M-Team, the M-Team shall reach a conclusion regarding such need. An M-Team may not reach a conclusion regarding the need for occupational or physical therapy unless an appropriate therapist is a member of the M-Team.

(5) M-TEAM REPORT. (a) As a result of the M-Team meeting, the M-Team shall write an M-Team report which shall include at least the following:

1. A list of the handicapping conditions that the M-Team found the child to have using the criteria in s. PI 11.35.

2. The M-Team's conclusions regarding whether the child needs special education because of a handicapping condition.

3. If the child's need for occupational or physical therapy was considered, the M-Team's conclusions regarding such need.

4. A statement that documents the reasons for each of the M-Team's findings and conclusions listed in subds. 1 to 3.

5. Recommendations regarding what related services the child may need.

(b) If an M-Team finds that a child is not a child with EEN the M-Team report shall also include the following:

1. An identification of the child's non-exceptional education needs.

2. A referral to any programs, other than special education programs, offered by the board from which the child may benefit.

3. Information about any programs and services other than those offered by the board that the M-Team is aware of that may provide a benefit to the child.

(c) If there is unanimous agreement among the M-Team members about the information, findings and conclusions required in pars. (a) and (b), the M-Team shall write one proposed M-Team report which is signed by all of the members and which indicates the team's unanimity. If there is not unanimity among the M-Team members, members of the M-Team shall write separate proposed M-Team reports that meet the requirements under pars. (a) and (b). M-Team members may write a separate proposed M-Team report individually or with other members. Each member of the M-Team shall sign a proposed M-Team report with which he or she agrees.

(d) 1. After completing a proposed M-Team report or reports under par. (c), the M-Team shall send a copy of the proposed M-Team report or reports to the director or program designee for his or her approval.

2. Subject to subds. 3 and 4, the director or program designee may approve as the M-Team report for a child, the unanimously proposed M-Team report or one of the separately proposed M-Team reports submitted by the M-Team under subd. 1.

3. If the director or program designee approves as the M-Team report either a unanimously proposed M-Team report, or a separately proposed M-Team report that is signed by a majority of the M-Team members, the director or program designee shall send to the board and to the child's parent, a copy of the approved M-Team report and all of the separately proposed M-Team reports submitted. The director or program designee shall indicate which is the approved M-Team report and shall state in writing why that report was selected. If the director or program designee intends to approve as the M-Team report, a separately proposed M-Team report that is signed by a minority of the M-Team members, the director or program designee shall proceed as provided in subd. 4.

4. a. The director or program designee may approve as the M-Team report, a separately proposed M-Team report that is signed by a minority of the M-Team members, if the director or program designee attended the M-Team meeting that resulted in the proposed M-Team reports. The director or program designee shall send to the board and to the child's parent, a copy of all of the separately proposed M-Team reports submitted and the director or program designee shall indicate which is the approved M-Team report and shall state in writing why that report was selected.

b. If the director or program designee intends to approve as the M-Team report, a separately proposed M-Team report that is signed by a minority of the M-Team members, and the director or program designee did not attend the M-Team meeting which resulted in the proposed M-Team reports, the director or program designee shall set a date for the director or program designee to meet with the M-Team and to discuss the proposed M-Team reports. The director or program designee shall notify the parent of the meeting within a reasonable amount of time prior to the meeting and the notice shall include the information listed in sub. (4)(b). Each member of the M-Team shall attend the meeting or shall be represented by a person who is knowledgeable about the child and the member's evaluations and findings. More than half of the members of the M-Team shall be present at the meeting. At the meeting the M-Team and the director or program designee shall discuss the members' evaluations and findings and the separately proposed M-Team reports. Any member of the M-Team may amend his or her proposed M-Team report as a result of the meeting. After the meeting the director or program designee may approve as the M-Team report any one of the separately proposed M-Team reports submitted by the M-Team. If the director or program designee approves one of the separately proposed M-Team reports as the M-Team report, the director or program designee shall send to the board and to the child's parent, a copy of all of the separately proposed M-Team reports submitted and the director or program designee shall indicate which is the approved M-Team report and shall state in writing why that report was selected.

5. If the child's parent was unable to attend the most recent M-Team meeting, the director or program designee shall send with the approved M-Team report and any separately proposed M-Team reports, a notice informing the parent that the parent may request a conference with the director or program designee to discuss any proposed M-Team report and the approved M-Team report and that an advocate may accompany the parent.

6. a. If the director or program designee does not accept the unanimously proposed M-Team report or any of the separately proposed M-Team reports as the M-Team report, he or she shall send the proposed report or reports back to the M-Team with a list of questions that the director or program designee wants the M-Team to consider. The director or program designee may appoint additional members to the M-Team. The new members shall comply with sub. (3)(a) to (e) prior to a new M-Team meeting.

b. When the director or program designee does not accept a proposed M-Team report the director or program designee shall set a date for the M-Team to meet and discuss the director's or program designee's concerns. The M-Team shall notify the parent of the meeting within a reasonable amount of time prior to the meeting and the notice shall include the information listed in sub. (4)(b).

c. Each member of the M-Team shall attend the meeting or shall be represented by a person who is knowledgeable about the child and the member's evaluations and findings. More than half of the members of the M-Team shall be present at the meeting. At the meeting the M-Team shall address the questions and issues raised by the director or program designee. Any member of the M-Team may amend his or her proposed M-Team report as a result of the meeting.

d. After the meeting in subd. 6.a, the M-Team shall send a copy of the unanimously proposed M-Team report or all of the separately proposed M-Team reports to the director or program designee for his or her approval.

e. After receiving the proposed M-Team report or reports, the director or program designee shall approve an M-Team report. If the director or program designee approves as the M-Team report a unanimously proposed M-Team report or a separately proposed M-Team report that is signed by a majority of the M-Team members, the director or program designee shall comply with subds. 3 and 5. If the director or program designee intends to approve a separately proposed report that is signed by a minority of the M-Team members, the director or program designee shall comply with subds. 4 and 5.

(6) REEVALUATION. (a) A board shall initiate a reevaluation for each child who is receiving special education as follows:

1. No later than 3 years from the date the last M-Team report completed on the child was approved under sub. (5)(d)2 or 7.

2. Whenever the board has reason to believe that the child is no longer a child with EEN;

3. Whenever the board has reason to believe that the child no longer has a previously identified handicapping condition;

4. Whenever the board has reason to believe that the child has a handicapping condition that has not been identified; and

5. Whenever a child's parent or teacher requests a reevaluation.

(b) Any board and M-Team that is conducting a reevaluation shall comply with the requirements under this section.

(c) Except as otherwise provided by law, a board may not stop providing special education to a child unless, as a result of a reevaluation, an M-Team determines that the child is no longer a child with EEN.

(d) A board may not identify or cease to identify a child as having a handicapping condition unless that is a determination made by an M-Team as a result of an M-Team evaluation.

Analysis of Wisconsin's M-Team Process

Wisconsin Rules Implementing Subchapter V of s. 115— Multidisciplinary Teams. To place social and behavioral assessment of suspected emotionally disturbed students in proper perspective, it is necessary to understand the total process by which the multidisciplinary team determines the need for special education. The following questions introduce information regarding this process.

1. *What are the tasks of the M-Team?*

Subchapter V, Chapter 115, Wisconsin Statutes, was created to provide special education only for children with handicapping conditions as defined within the law. The responsibility of the M-Team within the process of providing special education is as follows.

- The M-Team must examine all relevant available data concerning the child, including
  - —records of previous and current educational performance, health, and social behavior.
  - —records of previous interventions and special education programs and their effect upon the child.
  - —records of child's ability to acquire information via different media.
- The M-Team must use unbiased, validated evaluation materials and procedures to assess in all areas related to the suspected handicapping condition(s).
- The M-Team must discuss, consider and compare all information, evaluations, and findings of each of the members and in all of the existing records.

- The M-Team must write a report containing
  - a list of child's handicapping condition(s);
  - conclusions regarding whether the child needs special education;
  - conclusions regarding the need for occupational or physical therapy;
  - reasons for each of the M-Team findings;
  - recommendations for related services; and
  - if child found not to need special education
    - identification of the child's non-exceptional education needs,
    - referral to other than EEN district programs, and
    - information about non-district programs and services which may benefit child.

2. *What decisions must the M-Team make?*

The M-Team must make decisions at three critical junctures:

- Does the student have a handicapping condition of emotional disturbance?
- Does the student need special education services because of the handicapping condition of emotional disturbance?

If the child needs special education, the M-Team must also recommend related services needed to implement exceptional educational services. Related services include transportation, psychological services, physical and occupational therapy, recreation, audiology, counseling services, medical services for evaluation, school health services, social work services, and parent counseling and training.

- If the team finds the child to not be in need of special education, what are the child's non-exceptional education needs?

3. *How does the M-Team determine the handicapping condition of emotional disturbance?*

The M-Team must strictly apply the criteria in the rules (PI 11.35(2)(g)) to determine emotional disturbance. This requires extensive data gathering in and out of school and each team member's analysis of the data within the framework of the criteria.

4. *Can a student have a handicapping condition without the need for special education?*

The M-Team may determine that the student is handicapped but that present interventions in and out of school are successful; that interventions, modifications or pupil services may still be needed in the student's present setting; or that the student's needs are currently being met in the regular classroom. It should be stressed that the M-Team evaluation is a point-in-time study and does not preclude additional reviews at any time.

5. *What is the role of the teacher of emotionally disturbed students in the M-Team process?*

As with all team members, the ED teacher is required to submit a written report of his or her evaluations conducted and findings. This report should not contain value-loaded statements such as "the child has a bad attitude," but rather must document observable specific behavior which fits into the behavioral categories defined in the criteria. The ED teacher's written report must be based on the ED criteria. The ED teacher should review all existing information on the child to determine what additional evaluation is necessary. The ED teacher should then conduct and document interviews, observations, and informal and formal tests to arrive at conclusions regarding the child's current behavioral, social, and academic functioning. If any member of the M-Team, including the ED teacher, does not agree with the M-Team's proposed report, he or she must write a separate proposed M-Team report which contains all data requirements.

6. *What is the role of the M-Team in determining the need for special education for an emotionally disturbed youngster?*

The M-Team discusses, considers, and compares all information in the child's records, individuals' evaluations and findings, as well as other reports submitted by consultants or parents and others. If the M-Team determines that the child has a handicapping condition of emotional disturbance, they must decide if the child needs special education as a result of emotional disturbance. Federal law defines "special education" as "specially designed instruction" in the "classroom, . . . in physical education, . . . in vocational education . . . to meet the unique needs of a handicapped child." The critical function of the M-Team is to analyze what factors in the regular education program are not appropriate for the ED child and cannot be altered. *To determine the need for exceptional education for an emotionally disturbed child, the M-Team needs to consider if any instructional variables should be "specially designed" in order for the child to receive an appropriate education. Some of the variables that might need modification are environment, curriculum, teaching strategies, behavior management strategies, class size, related services, discipline procedures, child supervision, etc. It is the IEP committee's role to determine what specific variables need modification and how they should be modified.*

The role of the M-Team is to substantiate through historical data and current assessment information the existence of a handicapping condition, the need for special education, or the need for regular education alternatives. Only when documentation of information from each team member fits into the criteria that indicate a need for special education in emotional disturbance can a student be considered for placement.

The M-Team Report

The M-Team's collected information must be analyzed and interpreted within the framework of the ED criteria. The analysis begins with a summary of the findings. Good summaries group information so that each piece can be given appropriate consideration in light of all other information. Summaries should be concise, yet comprehensive. The information must be compared to an established point of reference. The point of reference should be norm- and/or criterion-based, with consideration for the age and grade of the student along with behavioral, cultural, and environmental expectations. Comparison of this information leads to the determination of the individual's academic and behavioral strengths and weaknesses.

Once strengths and weaknesses are identified, efforts must be made to account for significant discrepancies in the individual's performance. These include discrepancies between the individual's actual performance (present behavior and/or achievement) and the individual's academic potential as well as discrepancies among subtests and between similar tests. Discrepancies in information collected by different individuals on the team must also be addressed and explained.

In interpreting the information, one should look for patterns of performance as opposed to single discrepant areas that are not supported by other data. All the probable reasons for the individual's demonstrated performance need to be considered.

Synthesis is the process of putting the parts together to form a whole. The goal is to develop a comprehensive description of the individual as a learner in relationship to the environment. The effects of the learner on the environment and the effects of the environment on the learner need to be included.

The goal of the decision making process is to increase student learning by initiating changes within the student's environment and/or educational program. The decisions are to be logical extensions of the analysis and synthesis of the collected information. An educational plan and program must be developed and implemented to meet educational needs and to facilitate the necessary environmental changes (home, school, community, and self) identified in the decision making stage.

■ Sample 1

M-Team Report Checklist

- ☐ **Referral Reason**

- ☐ **Background Information Checklist**

- ☐ **School Information**

  - ☐ Cumulative folder
    - ☐ Examination of records information
    - ☐ Previous schools attended - dates
    - ☐ Relevant quotes
    - ☐ Grade and attendance history
    - ☐ Suspensions, disciplinary actions
    - ☐ Past M-Team information
    - ☐ Past supportive services

  - ☐ Present school information
    - ☐ Teacher interview
    - ☐ Student interview
    - ☐ Parent interview
    - ☐ Behavioral checklists

  - ☐ Previous interventions
    - ☐ Educational
    - ☐ Medical
    - ☐ Social

  - ☐ Current level of academic performance

- ☐ **Educational/Behavioral Assessment**

  - ☐ Observation - narrative and sequence
    - ☐ Time sample information
    - ☐ Event recording information

  - ☐ Academic information
    - ☐ Standardized test scores
    - ☐ Informal measures

  - ☐ Psychological Information
    - ☐ Interviews
    - ☐ Tests

- ☐ **Medical Information**

  - ☐ Diagnoses
  - ☐ Medication/side effects
  - ☐ Treatment issues

- ☐ **Community and Home Information**

  - ☐ Juvenile court information
  - ☐ Social service information
  - ☐ Parent and relatives interview

  - ☐ Home visit
  - ☐ Work site
  - ☐ Organizations, clubs

- ☐ **Summary**
  - ☐ Analysis of past and present functioning data
  - ☐ Analysis of behavioral assessment
  - ☐ Analysis of academic functioning in relation to behavior
  - ☐ Analysis of community and home functioning

- ☐ **Findings**
  - ☐ Handicapping condition(s)
  - ☐ Reasons why child qualifies for handicapping condition(s)
  - ☐ Reasons why child needs special education
  - ☐ Related services recommendations
  - ☐ If non-SED, referral for regular education intervention
  - ☐ If non-SED, identification of non-exceptional education needs
  - ☐ If non-SED, information about non-district services and programs

Definition of and Criteria for Emotional Disturbance

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Determining Emotional Disturbance—page 20

Serious problems must be talked about with serious language or an "official" tool; else the students' difficulties are trivialized.
—S. Braaten, J. Kauffman, B. Braaten, L. Polsgrove, C.M. Nelson, 1988 in Exceptional Children

Overview

There is some confusion among educators and other professionals regarding the term "emotional disturbance" and the criteria for it as an educationally handicapping condition. This confusion exists primarily from the use of the term by other professionals, who define it differently depending on their professional and theoretical orientations. "Emotional disturbance" was recognized as a *special education problem* as early as 1931 at the White House Conference on Child Health and Protection. While the term was used to describe behavior problem children in the schools, it was not defined until 1961 by Bower and Lambert. That definition is the basis for both federal and state emotionally disturbed criteria currently in use.

In evaluating a child suspected of having the handicap of emotional disturbance, educators must pay strict adherence to legally prescribed M-Team procedures and eligibility criteria defined in PI 11.04, and 11.35, Wisconsin Administrative Code. To do anything less violates the protection the law provides for a free and appropriate public education for all handicapped children. Educators cannot determine a child to be emotionally disturbed by using other professional criteria for mental disorders, drug and alcohol addiction, delinquency, sociological conditions, and so forth. Only the legally constituted M-Team composed of qualified education professionals can determine for the purposes of exceptional education whether the child has a emotional disturbance. Finally, the M-Team may not go beyond what is in the code and establish additional criteria or exclusions. This is equally as discriminatory as not applying all of the prescribed criteria.

Wisconsin Administrative Rule

PI 11.35 ELIGIBILITY CRITERIA.

(1) STANDARDS. Children shall be determined to have a handicapping condition who have been identified, evaluated and classified as handicapped pursuant to PI 11.04 and 11.35. The minimum criteria for the determination of handicapping condition and eligibility for special education shall be consistent throughout the state.

(a) A transition period shall be provided for moving a child out of special education who upon re-evaluation does not meet criteria in the rules.

(2) HANDICAPPING CONDITION.

(g) Emotional disturbance. 1. Classification of emotional disturbance as a handicapping condition is determined through a current, comprehensive study of a child, ages 0 through 20, by a M-Team.

2. Emotional disturbance is characterized by emotional, social and behavioral functioning that significantly interferes with the child's total educational program, and development including the acquisition or production, or both, of appropriate academic skills, social interactions, interpersonal relationships or intrapersonal adjustment. The condition denotes intraindividual and interindividual conflict or variant or deviant behavior or any combination thereof, exhibited in the social systems of school, home and community and may be recognized by the child or significant others.

3. All children may experience situational anxiety, stress, and conflict or demonstrate

deviant behaviors at various times and to varying degrees. However, the handicapping condition of emotional disturbance shall be considered only when behaviors are characterized as severe, chronic or frequent and are manifested in two or more of the child's social systems, e.g., school, home or community. The M-Team shall determine the handicapping condition of emotional disturbance and further shall determine if the handicapping condition requires special education. The following behaviors, among others, may be indicative of emotional disturbance:

a. An inability to develop or maintain satisfactory interpersonal relationships.

b. Inappropriate affective or behavioral response to what is considered a normal situational condition.

c. A general pervasive mood of unhappiness, depression or state of anxiety.

d. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.

e. A profound disorder in communication or socially responsive behavior, e.g., autistic-like.

f. An inability to learn that cannot be explained by intellectual, sensory or health factors.

g. Extreme withdrawal from social interaction or aggressiveness over an extended period of time.

h. Inappropriate behaviors of such severity or chronicity that the child's functioning significantly varies from children of similar age, ability, educational experiences, and opportunities, and adversely affects the child or others in regular or special education programs.

4. The operational definition of the handicapping condition of emotional disturbance does not postulate the cause of the handicapping condition in any one aspect of the child's make-up or social systems.

5. The manifestations of the child's problems are likely to influence family interactions, relationships and functioning or have an influence on specific individual members of the family. It is strongly recommended that extensive family involvement or assistance be considered in the evaluation and programming of the child.

6. The handicapping condition of emotional disturbance may be the result of interaction with a variety of other handicapping conditions such as learning, physical or mental disabilities or severe communication problems including speech or language.

7. An M-Team referral for suspected emotional disturbance may be indicated when certain medical or psychiatric diagnostic statements have been used to describe a child's behavior. Such diagnoses may include but not be limited to autism, schizophrenia, psychoses, psychosomatic disorders, school phobia, suicidal behavior, elective mutism, or neurotic states of behavior. In addition, students may be considered for a potential M-Team evaluation when there is a suspected emotional disturbance, who are also socially maladjusted, adjudged delinquent, dropouts, drug abusers or students whose behavior or emotional problems are primarily associated with factors including cultural deprivation, educational retardation, family mobility or, socioeconomic circumstances, or suspected child abuse cases.

History: *Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. (2)(intro.), Register, February, 1983, No. 326, eff. 3-1-83; r. (2)(e), renum. (2)(d) to (i) to be (2)(c) to (h), Register, September, 1986, No. 369, eff. 10-1-86.*

Determining Emotional Disturbance

The following analyzes the eligibility criteria for emotional disturbance in PI 11.35, Wisconsin Administrative Code. The numbered italics statements are the exact wording from the administrative rule. The material that follows provides a detailed analysis and explanation of the administrative rule.

Elements that Characterize Emotional Disturbance

1. *Emotional disturbance is characterized by emotional, social, and behavioral functioning that significantly interferes with the child's total educational program and development.*

    - Ranges of intelligence levels are representative of the general population.
    - Reactions, perceptions, consequent actions are out of synchronization with educational flow.
    - Distrusts self, environment, and authority.
    - Has academic, recreational, extracurricular, vocational, civic, and social deficiencies.

2. *It interferes with . . . the acquisition or production, or both, of appropriate academic skills.*

    Academic deficiencies are *not* a requisite for ED, but the child may have an academic deficit due to one or more of the following:

    - Has high anxiety level.
    - Distrusts authority.
    - Preoccupied with reducing/releasing tension.
    - Has high truancy rate.
    - Has high activity level.
    - Has negative attitude toward learning.
    - Conflicts with authority.
    - Has problem with abstract thinking.
    - Has problem with logical thinking.
    - Lacks motivation for academics.

3. *It interferes with development of appropriate social interactions.*

    The child may exhibit the following behaviors:

    - Overreacts to stimuli.
    - Angers easily.
    - Becomes defensive.
    - Lacks "tact."
    - Is impulsive.
    - Is emotionally immature.
    - Lacks awareness of subtle social cues.

4. *It interferes with development of appropriate interpersonal relationships.*

The child may exhibit the following behaviors:

- Uses manipulative behavior in relation to others.
- Lacks trust in others.
- Often uses others.
- Has unpredictable behaviors.
- Is physically and verbally abusive and threatening.
- Behaviors alienate others.

5. *It interferes with intrapersonal adjustment.*

The child may exhibit the following behaviors:

- Views self as unworthy or inadequate.
- Unmet basic needs prohibit personal growth.
- Defense mechanisms interferes with healthy personality development because of
  —energy spent blocking or repressing,
  —projection of blame which reduces motivation,
  —excessive rationalization, and
  —energy spent reducing anxiety level.

6. *The condition denotes intraindividual and interindividual conflict.*

- Behavioral manifestations indicate inner and outward emotional struggle.
- Inadequate emotional adjustment is visible in child's defensiveness.
- Interindividual problems are visible via continual verbal/physical aggressions.

7. *The condition denotes variant or deviant behavior.*

Child may exhibit behaviors in the wrong place, at the wrong time, to the wrong degree, too frequently, and/or chronically (not situational).

8. *Behavior may be recognized by child or significant others.*

- The child becomes aware because of consequences such as
  —lack of friends,
  —conflict with parents,
  —problems at school, and
  —conflict with authority.

- The child becomes aware because of feelings of
  —unhappiness,
  —physical complaints, and
  —depression.

- The child's acting out behaviors are apparent to others and upsetting to the environment.

- The child's withdrawn/depressed behaviors are unusual for the situation but not easily recognizable.

9. *The handicapping condition of emotional disturbance shall be considered only when behaviors are characterized as severe, chronic, or frequent.*

Severe is defined as inflicting pain or distress; of a great degree; marked or serious (*Merriam-Webster Dictionary*, 1988):

- When a behavior begins to hamper normal functioning, it can be considered severe.
- It is necessary to compare the behavior of the referred student to normal peers in educational and community situations to help determine the severity.

Chronic is defined by the dictionary as marked by long duration or frequent recurrence—a chronic behavior would be one that recurs over an extended period of time.

- habitual, always present

Frequent means the rate at which the behavior occurs within a specific length of time.

10. *The handicapping condition of emotional disturbance shall be considered only when behaviors are manifested in two or more of the child's social systems, e.g., school, home, or community.*

- *School*—occurs in more than one teacher's class, extracurricular activity, lunch, and/or recess
- *Home*—occurs with one or both parents, relatives, and/or siblings; at a group home, living unit, and/or hospital.
- *Community*—occurs more than once with merchants and police; in the neighborhood; on the bus; and at church, clubs, social services, mental health services

11. *The M-Team shall determine the handicapping condition of emotional disturbance and further shall determine if the condition requires special education.*

- The M-Team may determine that the student does not need special education intervention. Other educational options might include the following:
  - a different teacher
  - a different seating arrangement
  - a new curriculum
  - modified expectations
  - different materials
  - Chapter I program
  - at-risk program
  - gifted and talented program

- Pupil service options might include the following:
  - counseling
  - nursing services
  - social work services

— referrals to outside agencies
— psychology services

Behaviors Indicative of Emotional Disturbance

All of these characteristics are not necessarily apparent in every emotionally disturbed child. Some children may exhibit several, while others display only one or two. Some of these behaviors are apparent in the normal population as well, but to a lesser degree, frequency, or persistence.

12. . . . an inability to develop or maintain satisfactory interpersonal relationships.

- Uses others to satisfy needs.
- Manipulates others.
- Unable or unwilling to maintain close relationships.
- Unable or unwilling to contribute in relationships.
- Tests the limits of relationships.
- Argumentative.
- Avoids interaction with peers or others.
- Lacks trust in others.
- Excessively depends on others.
- Excessively controls others.
- Exhibits inappropriate sexual behavior.
- Is fearful of others.
- Is isolated or socially withdrawn.
- Effaces self.
- Is physically and/or verbally assaultive (offender or victim).
- Is easily influenced by peers.
- Is involved in volatile relationships.
- Buys friends.
- Plays inappropriately with others.
- Engages in power struggles.
- Actively avoids interaction.
- Desires approval excessively.
- Rejects need for approval.
- Pities self.
- Sees self as victim.
- Plays rigid/repetitive roles such as scapegoat, instigator, or follower.

13. . . . inappropriate affective or behavioral response to what is considered a normal situational condition.

- Exhibits affect which is incongruent or highly changeable.
- Exhibits inappropriate behavior.
- Antagonizes others.
- Hostile to others.
- Inappropriately laughs, cries, or makes sounds.
- Lies, steals, or cheats.

- Exhibits odd or unconventional behavior.
- Overreacts to situations.
- Refuses to do school work.
- Refuses to respond.
- Unable to make changes or transitions.
- Seeks attention with inappropriate language.
- Seeks attention through inappropriate actions.
- Threatens others verbally and physically.
- Exhibits flat affect.
- Shows no visible signs of remorse.
- Becomes verbally defensive without provocation.
- Lacks empathy.
- Has excessive emotional responses of happiness, sadness, anger, and/or fear.
- Destroys property.
- Is excessively active.
- Harms self.
- Plays inappropriately.
- Is a perfectionist.
- Is scattered or disorganized.
- Shows extreme lack of assertiveness.
- Has no sense of self.
- Has false perceptions.

14. *. . . a general pervasive mood of unhappiness, depression or state of anxiety.*

- Shows anxiety and a preoccupation with its reduction.
- Shows visible unhappiness manifested by
  - —self-deprivation,
  - —statements of inadequacy,
  - —feelings of unworthiness,
  - —chemical abuse,
  - —physical self-abuse, and/or
  - —avoidance behavior.
- Is listless or apathetic.
- Exhibits mood swings.
- Thinks of suicide.
- Lacks interest in surroundings.
- Is pessimistic.
- Exhibits unusually high or low activity level.
- Withdraws from society.
- Cries (excessive/continuous/ill-defined).
- Feels hopeless.
- Is preoccupied with negative feelings.
- Denies responsibility.
- Is unkempt.
- Looks tired.
- Has sleeping disorders.
- Has eating disorders.
- Has an irrational thought process.

- Smiles although depressed.
- Is truant.
- Hides behind hats, jackets, hair, and so forth.
- Runs away from home.
- Has tics.
- Bites nails.

15. *. . . tendency to develop physical symptoms, pains or fears associated with personal or school problems.*

- Has psychosomatic complaints which are
  - — most visible during highly stressful situations;
  - — ones that can't easily be checked;
  - — learned reaction from earlier models; and/or
  - — may be actually felt, though not medically based.
- Is absent and tardy due to illness.
- Exhibits chemical abuse/dependency.
- Has hygiene problems.
- Flinches, cowers.
- Refuses to attend school ("school phobia").
- Requests visits to the school nurse.
- Mutilates self.
- Exhibits stress-related illnesses:
  - — asthma/allergies
  - — headaches
  - — nausea/vomiting
  - — rashes/hives
  - — ulcers/colitis
  - — stomach cramps
  - — sleepiness
  - — backaches
- Has unusual sleeping or eating patterns.
- Has weight problems.
- Has eating disorders (anorexia, bulimia).
- Is accident prone.
- Neglects physical self, i.e., food, clothes, medical attention.
- Has physical reactions shown by voice tone, sweaty palms, and/or dizziness.
- Exhibits fear in response to
  - — discipline,
  - — new groups,
  - — new situations,
  - — authority figures,
  - — testing,
  - — physical education and other classes,
  - — failure/success,
  - — touch; and/or
  - — males/females.

16. *. . . profound disorder in communication or socially responsive behavior (e.g., autistic-like).*

- Throws temper tantrums.
- Has perseverative (repetitious) behaviors.
- Produces unanticipated violence or destruction.
- Exhibits self-stimulating behaviors such as
  — rocking,
  — hand flapping,
  — spinning,
  — echolalic speech,
  — masturbation, and/or
  — head banging.
- Has no eye contact.
- Exhibits elective/selective mutism.
- Has no gestural communication.
- Lacks use of meaningful language.
- Cannot use abstract language.
- Cannot relate appropriately to people.

17. *. . . inability to learn that cannot be explained by intellectual, sensory or health factors.*

- learning impeded by behavior
- problems with assignments:
  — incomplete
  — late
  — not handed in
- behind in credits earned
- inability to organize self in school
- low rate of skill acquisition
- change in school attendance pattern
- daydreaming
- inability to stay on task
- ignoring classroom rules and procedures
- unable to retain material
- quitting/giving up
- subject failures
- grade retention
- achievement scores incompatible with IQ
- no health or sensory impairments
- decline in grades

18. *. . . extreme withdrawal from social interaction over an extended period of time.*

- withdrawal not situational (for example, divorce or family problems at time) or short in duration
- nonparticipation in class
- nonparticipation in extracurricular activities

- slinking through school halls, sitting in back of classroom
- avoiding eye contact
- speaking in a very quiet voice/mumbling
- sitting alone in cafeteria
- truancy
- running away

19. *Extreme . . . aggressiveness over an extended period of time.*

- aggressiveness is general mode of daily operation in social situations
- unprecipitated reaction to normal demands
- carrying grudges
- verbal aggression:
  - — vulgar language
  - — swearing
  - — defiance/threats
  - — condescension
  - — challenging/argumentative
  - — loud volume
- physical aggression:
  - — spitting
  - — kicking, tripping
  - — hitting, pinching
  - — throwing objects
  - — destroying objects
  - — carrying and using weapons (guns, knives, chains, brass knuckles)

20. *Inappropriate behaviors of such severity or chronicity that the child's functioning significantly varies from children of similar age, ability, educational experiences and opportunities, and adversely affects the child or others in regular or special education programs.*

- Behavior is different from peers.
- Emotional maturity is different from peers.
- Work inadequate compared to peers.
- Social maturity is different from peers.
- Child's presence interferes with education of peers.
- Peers ostracize child due to inappropriate behaviors.

Familial, Sociological, and Medical Issues

21. *The operational definition of the handicapping condition of emotional disturbance does not postulate the cause of the handicapping condition in any one aspect of child's makeup or social systems.*

- The cause is important only to explain a child's appropriate behavior in a stressful situation, for example, running away from an abusive home.
- The labeling process does not claim to determine the etiology of ED in any of the possible settings of home, school, or community.

- This process rejects the nonproductive blaming procedure of attributing cause.
- If the cause is known, the information should be used to establish appropriate intervention techniques.

22. *The manifestations of the child's problems are likely to influence family interactions, relationships and functioning or have an influence on specific individual members of the family.*

- Parents spend inordinate amount of time on disciplining.
- Child pits one adult against another.
- Parents experience strain on marriage.
- Family has financial burden because of child's need for
  — counseling,
  — residential treatment, and/or
  — continuing medical and psychological examinations.

23. *It is strongly recommended that extensive family involvement and assistance be considered in the evaluation and programming of the child.*

Interagency communication and cooperation should be nurtured. Interventions are likely to fail if the family is not included in the following:

- IEP
- behavior management
- family counseling
- home/school contracts
- consistent discipline
- uniform goal setting

Remember that "parent counseling and training" is a related service required to be provided if it is necessary for the child to benefit from his/her special education program.

24. *The handicapping condition of emotional disturbance may be the result of interaction with a variety of other handicapping conditions such as learning, physical, or mental disabilities or severe communication problems including speech or language.*

- It can occur along with other handicapping conditions.
- Emotional disturbance can occur concurrently with subaverage or superior intellectual functioning.
- M-Team members must include personnel from all suspected handicap areas.
- It is not the M-Team's duty to decide which came first.

25. *An M-Team referral for suspected emotional disturbance may be indicated when certain medical or psychiatric diagnostic statements have been used to describe a child's behavior. Such diagnoses may include, but not be limited to, autism, schizophrenia, psychoses, psychosomatic disorders, school phobias, suicidal behavior, elective mutism or neurotic states of behavior.*

Medical and/or psychiatric diagnoses *do not qualify* a child as emotionally disturbed for educational purposes. However, an M-Team referral for suspected ED may be made when the following diagnoses, among others, have been made: autism, conduct disorder, schizophrenia, psychosis, psychosomatic disorder, school phobia, suicidal ideation, elective mutism, neurosis, attention deficit disorder, eating disorder, and Tourette's syndrome. In all cases, where appropriate, these children should be referred to the responsible local mental health agency.

Only a properly constituted M-Team may legally label a child emotionally disturbed for exceptional education purposes. The "Diagnostic and Statistical Manual of Mental Deficiency" labels are not synonymous with the handicapping condition of emotional disturbance. However, those children so labeled by other mental health professionals should be referred if data indicates the potential for their behavior to meet ED criteria per education law and rules.

26. *Students may be considered for a potential M-Team evaluation when there is a suspected emotional disturbance, who are also socially maladjusted, adjudged delinquent, dropouts, drug abusers, or students whose behavior or emotional problems are primarily associated with factors including cultural deprivation, educational retardation, family mobility, or socioeconomic circumstances, or suspected child abuse cases.*

Students are not *excluded* from meeting the emotionally disturbed criteria for the sociological conditions listed above. These conditions do not alone substantiate the handicap of emotional disturbance, nor are they synonymous with the term "emotionally disturbed." These children/youth so labeled by other agencies (corrections, social services, DJ Board, and so forth) should be referred if data indicate the potential for their behavior to meet ED criteria per education law and rules.

Techniques for Evaluating Emotional Disturbance

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The psycho-educational system of classifying and prescribing educational experiences for emotionally disturbed children . . . must be related to educational programming and coping competencies in the key integrative social systems related to children.
—Eli M. Bower
in Celebrating the Past,
Preparing for the Future, 1988

Principles of Assessment

[illegible]

[illegible]

Assessment for Identification and Placement

[illegible]

[illegible]

Assessment for Programming and Instruction

[illegible]

education programs that relate to the student's strengths and weaknesses, teachers must use measures such as curriculum based assessment, informal tests, and classroom observation. These will show teachers how the student functions in relation to the curriculum used in that classroom.

Steps in the Assessment Process

Two important steps are involved in the assessment. Plan the assessment well to ensure that it is comprehensive, orderly, and efficient. *Planning* begins with an awareness of the student's problem areas. During the assessment process, the educator must determine what the student knows or does not know and what the student needs to know. Information must be gathered about the student's learning potential, individual achievement levels, peer and adult interactions, social interactions, social and emotional adjustment, home and school environment, and past school performance. Once the information needs and sources of information are identified, decisions can be made regarding what types of assessment procedures are to be used, who will assess, what their roles will be, and what the timeline for completion will be.

The next step involves collecting information. The goal is to efficiently gather data through a variety of means including the following:

- a review of historical information found in a student's records
- a review of teaching strategies and current student performance
- diagnostic teaching
- interviews with parents, teachers, significant others, and the student
- observation of the student
- formal and informal testing
- records of and interviews with psychiatrists, social workers, juvenile court workers, physicians, and others

Assessment of Emotional Disturbance

To diagnose emotional disturbance, the ED teacher, school psychologist, school social worker, counselor, and other M Team members obtain information on students referred to them using a variety of sources and methods, including: historical information, systematic behavioral observation, interviews, rating scales, and formal and informal testing.

In reviewing assessment information, the diagnostician must document answers to the following questions:

- Is there evidence to indicate the student's social and behavioral functioning significantly interferes with the student's educational programs and social development?
- Do the student's behaviors vary significantly from those of peers over an extended period of time?

- Can the behaviors be characterized as severe, chronic, or frequent?
- Are they occurring in at least two social systems?

If these questions can be answered "yes," then evidence exists for a handicapping condition of emotional disturbance. Any piece of evidence in isolation *does not determine emotional disturbance*. The M-Team collectively makes that decision. Each component in the diagnostic process must be weighed with all other information before it attains significance. Because this process can have negative as well as positive implications, it is important to exercise good judgment when deciding which information to use and the significance of each component. Questions should be relayed to supervisory staff, and additional diagnostic consultation can be sought.

Historical Information

Historical information review is the first task of the M-Team and is needed as part of the documentation for disability and handicapping condition. Information from the cumulative folder and other sources should be listed under historical information in the diagnostic report. A listing of information should be sufficient. Analysis of background material can be carried out in the summaries of the report.

Teachers should be aware of certain significant types of information when reviewing students' records so they and the other M-Team members can make the best decision in regard to student diagnosis and placement. Areas to be particularly aware of include the following:

- *Intratest evaluation* involves comparing subtest scores within the same test for consistency. An example of this is the Iowa Test of Basic Skills which has subtests in specific skill areas. One edition includes subtests in vocabulary, reading comprehension, language, work study skills, and mathematic skills. Each subtest has its own score reported. Any significant differences between scores on these subtests might indicate a problem. An example of such a discrepancy would be an eighth-grade student with the following scores: vocabulary = 7.5; reading comprehension = 8.5; language = 8.9; work study skills = 7; and mathematics skills = 5. The mathematical score is an obvious discrepancy from the other scores within this test and would indicate a need for further exploration.

- *Intertest consistency* refers to the way two tests compare when they measure the same thing. An example would be comparing scores on the Iowa Test of Basic Skills to scores on the Sequential Tests of Educational Progress. Another form of intertest consistency consists of comparing a student's achievement scores to scores on a standardized intelligence test such as the Lorge-Thorndike. An example of a discrepancy which should trigger further exploration by the teacher would be a student with a reported intelligence score of 120, which is above the norm, but whose achievement tests are considerably below grade level.

- *Medications or medical conditions* may cause student behaviors or academic performance to vary from teacher expectations. Teachers should be aware of side effects from certain medications, as well as problems resulting from physical conditions, which may subtly affect educational performance. This situation can be considered a discrepancy and needs to be carefully monitored.

- *Attendance patterns* can yield useful information in the diagnostic process. Patterns of truancy can be a symptom of other kinds of difficulties such as medical or emotional problems.

- The *family's mobility pattern* is another important factor to consider. If a student has moved frequently and been in several different schools, the lack of continuity may affect academic and social functioning. This could explain inconsistent achievement scores or behavior problems.

- The *age of the student* in comparison to the rest of the class should be considered. A student who is significantly older or younger than other students in the class may experience difficulties in social/emotional development and academic achievement. Teacher expectations should be realistic and in line with the developmental stage of the student involved.

- *Previous referrals* to other agencies or services within the school district should be noted. This information indicates whether the current problem has been persistent.

- The *student's current residence* is a significant factor in terms of acceptance within the peer group and community. It is important for a teacher to note if the student is living with the natural parents, a foster family, in a group home, or with another relative. Being sensitive to these differences will avert any possibly embarrassing or harmful situations in class and may help facilitate communication with the adult who has custody of the child.

- *Cultural or language differences* can affect not only the child's understanding of the school situation but also the mode of learning and the student's response to teaching techniques. Sensitivity to these differences can prevent misperceptions of the child's interaction in the classroom.

- *Student grades* should be compared to all available longitudinal data. Any consistent patterns or below-average grades will indicate the need for further investigation and may result in modification of the educational program. It is extremely important that schools do not foster feelings of failure in students. Similarly, any *retentions* of the student should be scrutinized. Has the program failed the student? Should referrals to exceptional education be made? What are the academic and social implications of retention?

- *Previous disciplinary actions* should be reviewed to give the teacher information about what behaviors to anticipate, what disciplinary practices are effective or ineffective, and how to avert potential behavior problems.

- The *student's extracurricular activities, specific talents, and honors* should be noted and recognized by the teacher to reinforce positive self-images and to use the student's strengths in the educational program.

■ Sample 2

Relevant Information and Sources

The following table may be used to determine relevant information and sources. Examples of significant information are included.

Information	Source	Example
Attendance pattern; schools attended	cumulative folder parent interview	comments such as: "excessive absences interfere with school progress," "transfer from school"
Successful/unsuccessful teacher; parent interaction	cumulative folder, school and community reports social worker counselor records	experiences in home, student interview, parent contacts, notes from parent to school, copies of teacher's memos to parent
Academic progress	grade reports achievement tests (cum file)	history of poor or declining grades sudden drop in grades retentions achievement scores discrepant
Behavior patterns	suspensions report card principal's file	comments relative to formal suspension sudden increase/decrease in number of reports comments such as: "fights constantly," "needs to learn to interact with others," "appears to be very dependent on adults"
Community interventions	cumulative folder interviews social worker counselor	community agency services outside therapy juvenile court information
Developmental and medical indicators	cumulative folder interviews health record	medical interventions and results, medication related developmental problems other handicaps
Previous non-EEN interventions and results	cumulative folder interviews anecdotal records interview notes referral form medical reports	social work reports psychological reports modifications in programming previous interventions, referrals success/failure
Previous M-Teams and/or EEN programs	cumulative folder interviews EEN File	M-Team reports IEPs

Systematic Behavioral Observations

Any student evaluated for possible emotional handicaps should be systematically observed in the classroom and school. By observing students and their interaction with the environment, teachers can obtain valuable data regarding their social and emotional development. The behaviors being observed must be clearly defined and related to the problems prompting the referral.

Three factors should be considered when selecting appropriate target behaviors:

- How important are the behaviors to the involved teacher?
- Are the behaviors a prerequisite to other tasks required of the student?
- Do the behaviors generally fit the norms for peers in similar situations?

These factors should be addressed by reviewing referral data from the child, parent, and teacher interviews. Once the behaviors have been selected and the method of collecting data established, the observer should also determine whether the behaviors exist in various settings. This means analyzing the behaviors for their frequency, intensity, and duration. An observer should observe the student in more than one setting.

The results of these observations will aid in establishing the student's eligibility to be placed in an ED classroom.

When observing the educational environment, the examiner should be aware of general noise level, activity level, seating as it relates to social interaction and work production, quiet areas, organization of the room, and stimulating visual displays.

Student behavior. The examiner needs to be aware of the behavior of referred students in comparison to peers, such as

- on-task behavior (direct instruction, discussion, independent),
- off-task behavior (types; note cause where possible),
- rate of specific behaviors for both teachers and peers,
- length of time needed to initiate work,
- compensatory behaviors/strategies,
- behavior during transitions,
- participation (handraising, answering, appropriateness of contributions),
- self-organization (materials, time),
- reinforcement variables, and
- interactions with teachers and peers.

Teacher behavior. The examiner should focus on rules made by the teacher and the consistency of his or her application, the kinds of direction given by the teacher (their length and complexity), presentation method (visual cues or reminders), the kind of attention paid to the referred student in comparison to other students, and the amount of negative and positive feedback given by the teacher.

Observation Techniques. There are several ways to assess behavior through observation. Narrative recording and sequence analysis will give the examiner a general impression about the student's behavior in the classroom, while frequency or event recording and time sampling are methods used to get more precise information.

Narrative recording requires the observer to note the events that go on in the classroom in narrative fashion.

■ Sample 3

Narrative Recording

Two students walk into classroom and head directly for cupboard. They take out study sheets. Student 2 asks teacher for help with work. Teacher says, "Sit down quietly at the table. I'll get to you as soon as I can." Student 2 walks around room, talks to others before sitting down. Sits down, waits for teacher, fiddles with pencil, pokes pencil at another student. Teacher comes over to Student 2 and says to settle down.

Sequence analysis breaks down narrative recordings, or any other compilation of ongoing information. The examiner looks at the behavior that precedes and follows a student's productive and nonproductive behavior.

■ Sample 4

Sequence Analysis

Antecedents	Behavior	Consequences
N gets study sheet→ →	Asks teacher for help→ → → → →	Teacher says sit down
Teacher says sit down→	Walks around room→ → → → → →	Talks with others
Waiting for teacher→ →	Pokes another student with pencil→	Teacher comes over

■ Sample 5

Sequence Analysis

Name	School	Grade
Teacher	Subject	Date of Recording Length of Observation

Description of Educational Environment	Referred Child's Behavior	Behavior Intervention	Resulting Behavior
Individual or group work	Talks out, tantrums, aggressions, etc.	Verbal and nonverbal reactions to child	Any increase or reduction of behavior as a result of intervention
Significant events involving other students	On/off task behavior out of seat/room	Positive/negative physical	
Noise level of class activity	Time of off task behaviors	Ignoring	
Notations on compliance and on task behavior of other students	Listing of any other significant behaviors	Repetition of directions	

(see Appendix, Screening Guides, forms 1b, 1d)

Narrative recordings produce valuable information but because of their subjectivity do not yield precise results. Each observer may perceive events occurring in the classroom differently because the behavior of concern has not been defined.

Frequency or event recording is the simplest way to observe and count ongoing behavior in a precise way. If a behavior is discrete, with beginning and end, the number of times that behavior occurs in a given time period can be counted and recorded. A teacher or observer can count the number of times a student looks up during the reading period, how many temper tantrums a student had in a morning, the number of positive statements a teacher makes to the class, the number of times a student touches others sitting nearby, or how many times the student comes late to class. These numbers can then be tallied and reported as a raw number in proportions or percentages and/or displayed on a graph. It is relatively simple to make comparisons over time with event recording.

Sample 6

Event Recording

Student: _____

Behavior: Responding appropriately when called on

I. **Measurement System:** Event recording **in raw scores** (count the student's appropriate responses when called on).

When measured: Reading (9 to 10 a.m.)

Day 1	Day 2	Day 3	Day 4	Day 5
5/10	7/12	10/11	3/9	6/12

II. **Measurement System:** Reporting results of event sampling in **percentages**. Percentages are obtained by dividing the total number of possibilities (e.g, Day 1, 10) by the number of times the student actually responded (e.g, Day 1, 5).

Day 1	Day 2	Day 3	Day 4	Day 5
50%	58%	91%	33%	50%

Students can also be taught to collect *event data* themselves. If teachers define the behavior for them and reinforce them for accurate recording, the experience can help them increase their awareness of their behaviors as well as the behavior of others. This can be a first step in behavior change.

Time sampling works well as an observation technique for continuous or nondiscrete behaviors that do not have a precise beginning or end such as talking to peers or the amount of time spent on a task. To collect data using this method, the class day, period, or activity is broken into short intervals of a few minutes or even a few seconds, and a record of the presence or absence of the target behavior is kept for each interval. Interval recording can also be used with discrete behaviors if a complete record of every occurrence is not necessary or if the behavior is of long duration, such as a 45-minute temper tantrum or one out-of-seat behavior that lasts the whole reading period.

■ Sample 7

Time sampling

Student: ______

Behavior: time off task

Measurement System: time sample (Is student off-task at the end of the interval?)

Length of interval: 1 minute

When measured: Reading seatwork time (9:15 to 10 a.m.)

O = Off-task
T = On-task

Interval Ends	On-Task	Interval Ends	On-Task
9:15	O	9:21	T
9:16	O	9:22	T
9:17	T	9:23	O
9:18	O	9:24	O
9:19	O	9:25	O
9:20	T	9:26	O

Results: Of the 12 minutes recorded on the observation sheet ______ was off-task at the end of the interval 8 times or 66 percent of the time.

An observer can record more than one behavior per interval. This requires a more elaborate coding system, and observation sheets must be developed ahead of time.

At the end of each interval, the observer puts a slash mark through the code letter that represents the behavior the student and the teacher were exhibiting.

Key

Student Code: T = Time on Task
P = Talking to Peers
O = Out of Seat
A = Annoying Peers

Teacher Code: I = Ignoring
N = Negative Attention
P = Positive Attention
E = Engaged in Other Activity

Sample 8

Precoded Observation Sheet

Time Sample

	10 sec.	20 sec.	30 sec.	40 sec.	50 sec.	60 sec.
Student	TPOA	TPOA	TPOA	TPOA	TPOA	TPOA
Teacher	INPE	INPE	INPE	INPE	INPE	INPE
Student	TPOA	TPOA	TPOA	TPOA	TPOA	TPOA
Teacher	INPE	INPE	INPE	INPE	INPE	INPE
Student	TPOA	TPOA	TPOA	TPOA	TPOA	TPOA
Teacher	INPE	INPE	INPE	INPE	INPE	INPE
Student	TPOA	TPOA	TPOA	TPOA	TPOA	TPOA
Teacher	INPE	INPE	INPE	INPE	INPE	INPE

Time Sample Filled Out

	10 sec.	20 sec.	30 sec.	40 sec.	50 sec.	60 sec.
Student	TPOA	TPOA	TPOA	TPOA	TPOA	TPOA
Teacher	INPE	INPE	INPE	INPE	INPE	INPE
Student	TPOA	TPOA	TPOA	TPOA	TPOA	TPOA
Teacher	INPE	INPE	INPE	INPE	INPE	INPE
Student	TPOA	TPOA	TPOA	TPOA	TPOA	TPOA
Teacher	INPE	INPE	INPE	INPE	INPE	INPE
Student	TPOA	TPOA	TPOA	TPOA	TPOA	TPOA
Teacher	INPE	INPE	INPE	INPE	INPE	INPE

Strengths of event recording and time sampling are that it

- provides observable evidence of frequency of behavior,
- provides observable evidence of type of behavior,
- establishes reliability, and
- can document deviations from peer group.

Limitations of event recording and time sampling are that it

- gives information, but is not an indicator of emotional disturbance,
- may give biased information,
- maintains strict coding and timing,
- is difficult to use in unstructured classrooms, and
- is difficult to use in low teacher interaction classrooms.

(Samples of forms to use for classroom observation, and an observation appointment sheet, included in this guide may be useful to practitioners as they carry out their own classroom observations, see *Appendix*, Sample Observation Forms 2, 3, and 4.)

Interviews

Perhaps one of the most important aspects of assessment is the interview. By asking pertinent questions of teachers, students, and parents the diagnostician can often add new perspectives to the evaluation process. The interview gives reliability and validity to observations, testing, and behavior scales, and validates the entire evaluation process.

Interview questions need to be flexible in order to address circumstances unique to each student. For example, to ask a 10 year old "What do you want to be when you grow up?" may be appropriate; for a high school student, the question should be rephrased "What are your plans for the future?"

Questions for parents and students emerge during the diagnostic process and should be recorded for later interviews with them. Questions for the teacher may be asked at any point during the assessment period as new information is gathered. Observations may yield questions, behavior rating profiles may need additional information, and the final testing and student interviews may need clarification by the teacher. However, it is important to ask questions at a time when the teacher can respond without interruptions.

Questions should be structured to gather as much information as possible concerning social, academic, and behavioral functioning. This information should be collected from as many sources as possible to produce a complete picture of the student in the home, the school, and the community environments. The teacher, student, and parent questionnaires in this guide are meant to provide a starting point for the interview process. Evaluators are encouraged to add questions if they pertain to the situation.

Teacher Interviews. Information from teachers can be gained from cumulative records, classroom reports, and specific teacher interviews. Teacher interviews can clarify issues and provide the opportunity for further questions regarding concerns raised by the review of cumulative records, the referral, and teacher responses to items in the teacher report.

The face-to-face interview will probably be the most valuable method of obtaining information from teachers. The interview should be done at a mutually agreeable time and in a confidential setting. A report or survey may be used as a guide or as a direct interview instrument. When teacher interview or discussion time is scheduled following classroom observation of the student, additional insights and verification of information from other sources can be gained. In addition, in-class intervention procedures can also be discussed (see Appendix, Teacher Interview Guides, forms 5, 6, 7, and 8).

Student Interviews. While assessing a student, teachers can strengthen the picture of the student as a learner through observations and testing. Direct questioning of the student can add much to this knowledge. A student interview should be included as part of each diagnostic assessment. It may be included as part of the testing session, as a break from testing, or as a conclusion to the session. These interviews can be formally or informally incorporated into the assessment process by using the interview as a discrete information or activity unit or by obtaining the information via interspersed questions across the test sessions. Interviewing is especially effective with junior and senior high school students who frequently tell you more about their learning style, strategies, attitudes, and applications than anyone in their environment can.

Based on the information gained from student interviews, the student's assessment can be tailored to tap functional skills and their prerequisite basic skills (see Appendix, Student Interviews forms 16, 17, 18, 19, and 20, p. 180).

Parent Interviews. Parent information is required as part of the M-Team process. As the student's first teachers, parents often can provide M-Team members with valuable information. The interviewer must recognize that parents' skills, their time and available resources to aid children academically, and their communication abilities vary greatly, but all parents have insights beyond the knowledge and experience of the school's regarding their children. It is critical that these interviews be handled with appropriate sensitivity because of a tendency by some parents to feel intimidated by educators and professional terminology. The home is usually the best setting for the interview.

Preferences regarding timing of interviews vary among professionals. Frequently, M-Team members interview parents while obtaining permission to test. Interviews can also be conducted in person or by phone at any time during the assessment phase. The interviewer should be skilled in this process and could be any staff person in the district who has established rapport with the parent. Social workers and counselors are often skilled in parent interviewing.

When interviewing parents, keep a positive attitude and approach. Sequence topics so that the parents will feel knowledgeable and able to identify positive factors about their child in initial questions. Ask them open-ended questions about their child's behavior, not requiring their evaluation of the behaviors (see Appendix, Parent Interviews, sample forms 21, 22, 23, and 24, p. 207). The evaluation of their responses is the job of the M-Team.

Standardized Testing

The following information has been adapted with permission of the State of Indiana Department of Public Instruction Guide Book, 1989.

Intellectual Functioning

Research has shown that intellectual functioning is not usually a major factor in determining the etiology of childhood emotional disturbance. However, emotional disabilities can be inferred from either a change in the rate at which an intellectual or educational ability develops across time or from fluctuations in the student's measured ability across time. Behavioral observations during testing which may be indicative of emotional disturbance include irritability and suspiciousness, restlessness, lack of spontaneity, variable mood, apathy, euphoria, or dysphoria. The evaluation of intellectual performance and learning styles, for example, is important in ruling out a specific cognitive handicap, as well as in making important behavioral and affective observations. However, if reliable intelligence scores already exist, it may be unethical to readminister an intelligence test.

Evaluation Procedures

- For purposes of an initial assessment of a possible emotionally handicapped child, a standardized, multifactored measure of intelligence should have been administered within the past year. The rationale for this procedure is reflective of the frequent observation that test scores of an emotionally handicapped child can fluctuate from year to year.
- The measure of intelligence should be chosen with regard to its appropriateness concerning socioeconomic status of the child, age, sex, culture, handicapping condition, background (rural, urban, suburban), and native language.
- The diagnostician should obtain and compare all available intelligence test data to determine patterns of consistency or discrepancy.
- If there are discrepancies between scores, the diagnostician should evaluate factors that might have an impact on the child's performance such as family, health, change in social, or emotional experiences.
- An intellectual assessment can include, but should not be limited to, measures of learning potential and neuropsychological functioning. These measures can supplement the results of an individualized intelligence test.

Interpretation. To interpret the assessment of intellectual functioning, consider the following questions:

- Is there a recently administered individual evaluation of intellectual functioning?
- Is this measure of intellectual functioning consistent with present and past achievement scores? If not, how is the discrepancy accounted for?
- Are the results of the intellectual assessment consistent with the judgment of school personnel?
- Are the range of intellectual functioning scores consistent or is there a decline according to records and past evaluations?
- Did the student demonstrate behaviors during the testing session which may have negatively affected performance?

Examples of Tests of Intellectual Ability

- Wechsler Intelligence Scale for Children-Revised (WISC-R)
- Wechsler Adult Intelligence Scale-Revised (WAIS-R)
- Wechsler Preschool and Primary Scale of Intelligence
- Stanford-Binet Intelligence Scale, Form L-M
- Leiter International Performance Scale
- Hiskey-Nebraska Tests of Learning Aptitude
- Columbia Mental Maturity Scale, 3rd Edition
- Kaufman Assessment Battery for Children
- Woodcock-Johnson Test of Cognitive Ability
- McCarthy Scales of Children's Abilities

School Achievement

All districts in Wisconsin are periodically required to administer achievement tests to all students at certain grade levels. Do not overlook these existing scores if they appear accurate and current. If additional testing is indicated, once the student has been tested and the tests analyzed, the data from the tests may then be used to provide a baseline for comparison of skills in other areas. When current levels of academic performance are compared with previous levels, one can sometimes establish patterns of learning, identify the onset of learning problems, and/or define sudden changes in performance. A sudden change in school achievement might lead to an investigation of possible causes for the change.

Evaluation Procedures

- The assessment should include data not more than six months old.
- The data should include
  — current classroom performance,
  — standardized test data,
  — current classroom observations,
  — teacher reports,
  — informal measures of academic skills, and
  — reports from other school personnel.
- The measures of achievement should be chosen by considering the child's socioeconomic level, age, sex, culture, any handicapping condition, background, and native language.
- The diagnostician should obtain and compare all available achievement data to determine patterns of consistency or discrepancy.
- If there are discrepancies between results, the diagnostician should evaluate factors that might have an impact on the child's performance, such as family, health, change in school or emotional experiences.

Interpretation

- Has there been a current observation of the child in the present classroom setting?
- Are there current individually administered achievement scores available?
- Is there information regarding achievement from a variety of sources?
- Are formal and informal assessment results consistent with the observations of school personnel?

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- If the achievement scores do not reflect the actual classroom functioning level, how can this discrepancy be explained?
- If there has been significant decline in academic performance, what external factors might contribute to the change(s), for example, family, health, changes in social and emotional experiences?

Examples of Tests of Achievement

- Wide Range Achievement Test (WRAT)
- Peabody Individual Achievement Test (PIAT)
- Woodcock-Johnson Psychoeducational Test Battery
- Key Math Diagnostic Arithmetic Test
- Spache Diagnostic Reading Scales
- Woodcock Reading Mastery Test
- Curriculum based achievement tests

Sensory Health-Related Factors

It is essential to examine the relationship between sensory and/or health problems and demonstrated behavioral concerns as it affects the efficiency of the level of functioning. This process can rule out sensory and/or health problems that would account for the demonstrated behaviors. Since the handicapping condition of emotional disturbance does not postulate a cause of the behavior, a child can have emotional disturbance coexistent with health problems.

Evaluation Procedures

- If a child exhibits health problems, a current health statement from a licensed physician should be obtained.
- A thorough developmental history should be obtained or updated as necessary and should emphasize the following:
  - — prenatal factors
  - — postnatal factors
  - — developmental milestones
  - — major illnesses or accidents
  - — chronic health problems
  - — allergies
  - — physical or sensory impairments
  - — medication history and/or current use-side effects
  - — hereditary or genetic factors
  - — hospitalizations
  - — psychological or psychiatric treatment
  - — other treatment, such as physical, occupational, or speech/language therapy, infant stimulation programs
  - — preschool experiences
  - — family and social history
  - — drug and alcohol involvement
  - — eating disorders

- Evaluation should include assessment of visual-motor skills, visual and auditory perception and acuity, and fine and gross motor skills. This evaluation can include formal and informal testing, observation, teacher or parent reports, or evaluation by specialists in these areas.

Interpretation

In evaluating information obtained through observations, health records, teacher impressions, parent input, behavioral history, and statements by the child, consider the following questions:

- Can evidence of health-related difficulties be found in the student files?
- Has the parent reported any difficulties, or has the diagnostic team observed any auditory, visual, or motor problems during the assessment process?
- During the classroom observations, did the child seem to rely excessively on any particular modality?
- What are the implications of the student's physical condition for instructional techniques and environmental controls?

Examples of Tests of Sensory and Motor Skills

- Bender Visual Motor; Gestalt Test
- Beery-Buktenica Tests of Visual Motor Integration
- Poseretsky Test of Motor Performance Development Inventory

Assumptions Underlying Testing

There are a number of assumptions that operate each time a test administered by another teacher is reviewed or an examiner asks a teacher to conduct a particular assessment. It is important to recognize and understand these assumptions since their validity has a substantial effect on the accuracy of the results and the inferences which can be made from them. Knowledge of these assumptions also serves as a good self-check to help reduce examiner error and to put the results of educational assessments in perspective.

Newland (1971) identified the five following critical assumptions:

- The person giving the test is skilled.
- A certain amount of error will be present.
- The acculturation of the child being tested is comparable to the group on which the test was standardized.
- The behavior sampling is adequate in amount and representative in area.
- Current behavior is observed; further behavior is inferred.

The test examiner must be skilled in establishing rapport, correctly administering the test, and scoring and interpreting the test. The examiner's lack of skill in any of these areas will lead to increased error. While a certain amount of error is always present in testing, every attempt must be made to keep the amount of error as low as possible. Two kinds of errors can occur. Systematic error is consistent; it is built into the test instrument by the examiner. Random error is produced by the inconsistency of the examiner or the test instrument. A reliable test should have very little random error when administered in accordance with test directions.

Standardized tests produce results that allow for comparison of student populations. Comparable acculturation relates to comparable experiential background rather than skin color, race, or ethnicity. Tests comparing acculturation must be considered in the selection and administration of tests.

The behavior sampling must be adequate to be of any assistance in decision-making. There must be enough items in a given category to give students the opportunity to demonstrate what they know and do not know. In addition, the test must measure what the authors claim it will measure. Even tests that measure skill in the same academic area may measure different parts of that skill. It is one task to recognize an inappropriately spelled word, but it is quite another task to spell the word correctly given a verbal prompt.

The behavior exhibited in the test situation is a limited sample often taken under artificial or stressful conditions. There is a need to conduct ongoing assessment and to constantly add behavior samples to develop a more complete picture of the individual as a learner.

Observations During Testing

The evaluator should be alert to the following:

- general ease/tension
- subject area preferences, view of own abilities, reactions to work
- response rates on various tasks
  - —when nearing ceiling
  - —on strength areas
  - —on weakness areas
- observed strategies
  - —visual cues (digital computation marks, reread)
  - —auditory cues (self talk: note accuracy of strategy as it is talked through)
- child's reaction to not knowing
- observed reason for errors
  - —decoding errors vs. comprehension (analogy format)
  - —computation needs on memory task (Key Math Mental Computation)
  - —language/syntactic problems in closure
- informal questioning insights on strategies/reasoning
  - —How did you figure that out?
  - —How or where could you find the answer if you really needed to?
- other factors:
  - —visual: nearness to material/squinting/eye occlusion/angle/ rubbing
  - —auditory: word confusion/repeats needed
  - —language: word finding problems/circumventing of terms/grammatical form errors/sentence complexity
  - —physical activity: fidgeting/tapping/tense ankles, legs
  - —general attitude: eager to finish? what? when? ask for more?

Source: Newland, T. E., Psychological Assessment of Exceptional Children and Youth. In W. Cruickshank (ed.) *Psychology of Exceptional Children and Youth*, 1971, pp. 115-74.

- general attention to tasks presented
  - short term
  - long term (note when tiring is suspected)
  - increased activity levels (analyze in relation to task components)
- reinforcement needs, reactions

Behavioral Checklists and Behavior Rating Scales

Behavior checklists and rating scales, used in conjunction with other diagnostic tools and procedures, provide additional information used in the assessment of the potential ED student. A wide variety of such tools is available for use at various ages and severity levels; through the use of these tools information may be gathered from teachers, aides, child care workers, parents, and the students themselves.

Because each test or screening device has been compiled and normed for a particular age group and setting, it is important to become familiar with all background material relating to the scale before determining its appropriateness for an individual child. Be careful when interpreting information to stay within the guidelines intended by the author. Comprehensive information is found in the rating scale and checklist manuals.

The following summaries will give an overview of major behavior checklists and rating scales. The summaries are intended as guides for determining the battery of tools to be used in each evaluation; none of the items should be used as the sole determiner of behavioral functioning and emotional disturbance. The use of a behavioral checklist is not required as part of the evaluation process, but may be used to augment existing information.

The most critical aspect of the use of behavior checklists is their interpretation by the ED evaluator. Since no checklist is completely consistent with Wisconsin's criteria for emotional disturbance, some test results will be irrelevant if not inappropriate. All test results *must* be interpreted within the framework of these criteria and cannot be accepted at face value. (For informal checklists, see Appendix, School Behavior Rating Guides sample forms 9, 10, 11, 12, 13, and 14.)

AAMD Adaptive Behavior Scales: Public School Version

Authors: Nadine Lambert, Myra Windmiller, Linda Cole, Richard Figueroa
Date: 1969, 1974 (regular version revision), 1975 (public school version)
Age range: Grades 2-6
Administration time: 30-120 minutes
Available from: American Association on Mental Deficiency, 5101 Wisconsin Avenue, NW, Washington, DC 20016

Description: This instrument was developed because the authors believed the assessment of a child's adaptive behavior should be an integral part of a pluralistic approach to evaluating a child. In their opinion, there is a lack of standardized procedures with which to evaluate social functioning of exceptional children.

The public school version is exactly like the 1974 revision minus 15 items. The scale consists of a 28-page booklet with items of varying format. Content of the scale is organized around two parts. Part 1 is designed to evaluate an individual's skills and habits in the following ten behavior domains: independent functioning, physical development, economic activity, language development, numbers and time, domestic activity, vocational activity, self-direction, responsibility, and socialization.

Part 2 is designed to measure maladaptive behavior related to personality and behavior disorders. The 14 domains are: violent and destructive behavior, antisocial behavior, rebellious behavior, untrustworthy behavior, withdrawal, stereotyped behavior, odd mannerisms, inappropriate interpersonal manners, unacceptable vocal habits, unacceptable or eccentric habits, self-abusive behavior, hyperaction tendencies, sexually aberrant behavior, psychological disturbances, and use of medications.

There are three different types of administrative procedures: first person assessment, third party assessment, and interview method. Items that are left blank penalize the child. Hence, more than one person may be consulted when filling out the form.

Scoring is straightforward. Item scores are added together for domain scores which are entered into tables yielding a percentile rank within the selected reference (norm) groups.

Norms: The standardization sample consists of 2,600 children who were selected on the basis of school and demographic variables. The children are representative of boys and girls of different ethnic groups in regular and special programs in California public schools. Sex, population density of residence, socioeconomic status, ethnic status, and age were all considered as well as the following class placements: regular, mild and moderate retardation, severe and profound retardation, and emotionally disturbed.

Reliability: Reliability studies were not conducted for the public school version of the scale. On the 1974 revision, the range of interrater reliability coefficients for Part 1 domains is from .71 to .93 with a median of .86. For the Part 2 domains, the range is from .44 to .77 with a median of .57.

Validity: To determine the validity of the scale, the effect of class placement on domain scores was examined. There were significant correlations between class placement and domain scores. Item correlational data were also computed.

Adaptive Behavior Inventory for Children (ABIC)

Authors: Jane R. Mercer and June F. Lewis
Date: 1977
Age range: 5-11 years
Administration time: 60 minutes for entire parent interview
Available from: The Psychological Corporation, 757 Third Avenue, New York, NY 10017

Description: The ABIC, part of the parent interview of the System of Multicultural Pluralistic Assessment, provides information about a child's current level of functioning in a variety of social systems including the family, peer group, and community. It focuses on performance in nonacademic settings in order to provide a basis for reaching educational decisions which take sociocultural differences into account.

The test contains 242 questions organized into six scales relating to six spheres of activity: family, community, peer relations, nonacademic school roles, earner/consumer, and self-maintenance.

The ABIC is administered through an interview held with the parent or another adult who knows about the child's health history and has a good opportunity to observe the child outside of school. Responses are recorded on a scale giving the frequency of the occurrence of the child's actions. It should be administered by a trained professional, but may be administered by a trained aide or paraprofessional.

Norms: The norms are based on a sample of 2,085 mothers of children ages 5 to 11 years in California. The sample included 690 Hispanic, 696 black, and 699 white respondents.

Reliability: Spearman-Brown split-half reliabilities on ABIC subscales are too low for decisions about individual children (36 out of 42 are under .9). ABIC average scores are all .97 or higher.

Validity: The ABIC is used to measure adaptive behavior, however, the technical manual does not give validity data.

Analysis of Coping Style

Authors: Herbert F. Boyd and G. Orville Johnson
Date: 1981
Age range: School-age children
Administration time: No limit
Available from: Charles E. Merrill Publishing Company, Columbus, OH 43216

Description: The tool is a projective device designed to analyze coping styles in order to plan intervention programs that will help students learn more appropriate and acceptable behaviors for dealing with their problems. It can also be used to screen for potential problems in regular education classrooms.

The test consists of 20 drawings of peer and authority figure interactions with six statements, each reflecting six different coping styles. The examiner shows the picture with the statements and instructs the student to choose the one that tells how the identified character is feeling. The examiner marks the response on the response sheet. The test can also be group administered, by showing the picture on transparencies to a group, for example.

Norms: The norms are based on 445 regular class children, grades 2-12, from private and public schools.

Reliability: Test-retest (3-hour interval) was done, but no data are reported.

Validity: A comparison of scores which contrasted groups (behaviorally disordered versus nonhandicapped) showed differences. Independent judges' validation of responses chosen.

Autism Screening Instrument for Education Planning

Authors: David A. Krug, Joel R. Arick, and Patricia J. Almond
Date: First edition – 1980
Age range: School-age children
Administration time: About 80-100 minutes
Available from: ASIEP Education Company, 3216 N. E. 27th, Portland, OR 97212

Description: The test provides an autism profile from the total raw scores of five subtests.

Autistic Behavior Checklist: This scale provides an index of nonadaptive behaviors and reflects inappropriate responses in normal situations. It involves rating the diagnostic categories of sensory, relaxing, body and object use, language, and social and self-help skills.

Sample of Vocal Behavior: This scale involves direct recording of utterances and vocalizations/responses to provide guidelines for instruction related to vocal behavior.

Interaction Assessment: Based on direct observation of the child's behavior, this scale provides a summary of the types of interactions engaged in by the child. It can be used to measure student growth in interaction behaviors.

Education Assessment of Functional Skills: This scale probes the functioning levels of a child in the five subtest areas of in-seat, receptive language, expressive language, body concept, and speech imitation. It provides beginning guidelines for direct instruction.

Prognosis of Learning Rate: This scale is used as an indication of a child's current learning rate and performance in language curriculum. The person rating the child on the five subtests must have three to six weeks experience with the child.

Standardization: The autism profile is based on percentile charts developed from each subtest standardization.

Autistic Behavior Checklist: Normative Population – 2,064 individuals made up of autistic, severely mentally retarded, emotionally disturbed, deaf-blind, and normal; Reliability – Spearman-Brown: 95% agreement in interrater reliability.

Sample of Vocal Behavior: Normative Population – 157 subjects: 61 autistic and 96 severely handicapped nonautistic; Reliability – Spearman-Brown: r (59) = .974.

Behavior Evaluation Scale (BES)

Authors: Stephen B. McCarney, James E. Leigh, and Jane Cornbleet
Date: 1983
Age range: School-age children (K-12)
Administration time: 10-20 minutes
Available from: Educational Services, P.O. Box 1835, Columbia, MO 65205

Description: The BES may be used in making M-Team decisions of emotional disturbance, in making decisions regarding eligibility, placement, or programming, and in developing a behavioral component of an IEP. The BES includes a checklist to be completed by someone, preferably the child's primary teacher, who has observed and worked with the child for at least a month. As a supplement to the teacher's ratings on the checklist, there is a data collection form to record direct observations of the child's behavior.

The test provides a total score (behavior quotient) plus five subscale scores: learning problems, interpersonal difficulties, inappropriate behavior, unhappiness/depression, and physical symptoms/fears.

Norms: The test was standardized on 1,018 students across all grade levels from ten different states representing each of the four major geographical regions in the U.S.

Reliability: Reliabilities were determined using coefficient alpha (derivation of Kuder-Richardson). The total scaled yielded a reliability of .96. Subscales reliabilities range from .76 to .93.

Validity: To obtain content validity, items were devised and validated by classroom teachers and special education personnel. To obtain construct validity, ED students and regular class students were compared. Raw score mean differences between the two groups were significant (p = .001) for all five subscales and for the total scale.

The Behavior Problem Checklist (BPC) (revised)

Authors: Herbert C. Quay and Donald R. Peterson
Date: 1967, 1975, 1983
Age range: Grades K-8
Administration time: 10 minutes
Available from: Herbert C. Quay, % University of Miami, Box 248074, Coral Gables, FL 33124; and Donald R. Peterson, % Graduate School of Applied & Professional Psychology, Busch Campus, P.O. Box 819, Piscataway, NJ 08854

Description: The BPC is an analytically derived, three-point rating scale listing 89 problem behaviors seen in children and adolescents. Initial work on the scale was published in 1961, and since then it has been one of the most widely used checklists. It was developed both for research purposes and for use in the identification of and differentiation among dimensions of deviance in children and adolescents.

The three primary subscales are: conduct problem, personality problem, and inadequacy-immaturity. A fourth subscale, socialized delinquency, consisting of six items, is included in the BPC, but the authors point out that reliability and validity data are limited on this scale so its use must also be limited.

Norms: The authors state that national norms would have limited use because ratings are influenced by age, race, setting, and rater; hence, users are encouraged to develop local norms. There are normative tables which report scores of particular reference groups, such as rural white or average elementary so the user can compare contained scores to relevant samples.

Reliability: Split-half, interrater, and test-retest reliabilities have all been computed. In general, the coefficients are respectable and relatively consistent across studies.

Validity: Numerous studies have been conducted attesting to the content, concurrent, and construct validity of the BPC. Again, the studies yield impressive support for the validity of the BPC.

Behavior Rating Profile (BRP)

Authors: Linda L. Brown and Donald D. Hammill
Date: 1978
Age range: 6.5-13.6 years
Administration time: Student Scale: 20+ minutes; Teacher Scale: 15 minutes; Parent Scale: 15 minutes; Scoring: 10 minutes
Available from: PRO-ED: Services for Professional Educators, 333 Perry Brooks Building, Austin, TX 78701

Description: To provide an ecological evaluation of student behaviors, examining that behavior from student, teacher, and parent perception of home, school, and peer relationships.

The BRP is composed of three separate checklists: (1) the teacher rating scale, (2) the parent rating scale, and (3) the student rating scale. Also included in the BRP package is a sociogram which is based on a peer nominating technique adapted to provide for classmate evaluations of a referred student.

The student rating scale is a self-rating scale designed to evaluate behavior at home, in school, and with peers. Students are asked to indicate "true" or "false" to statements such as:

- (11) My parents 'bug' me a lot.
- (29) My teachers give me work I can't do.
- (31) I seem to get into a lot of fights.

The checklist is composed of 60 items and assistance with reading may be given if necessary.

The teacher rating scale is to be completed by all teachers and nonacademic school personnel working with the child. The respondent is asked to indicate "Very Much Like the Student," "Like the Student," "Not Much Like the Student," or "Not At All Like the Student" to 30 items such as:

- (3) Doesn't follow class rules.
- (27) Has no friends among classmates.
- (6) Lacks motivation and interest.

The parent rating scale can be filled out by one or both parents who are asked to indicate "Very Much Like My Child," "Like My Child," "Not Much Like My Child," or "Not At All Like My Child" to 30 statements such as:

- (27) Won't share belongings willingly.
- (3) Cries excessively.
- (7) Lies to avoid punishment or responsibility.

The manual indicates it is appropriate for parental surrogates including close relatives or friends to complete the scale.

The student rating scale of the BRP is not a checklist format, but follows a peer nominating technique adapted to provide peer input into the BRP. The manual provides a list of stimulus questions for the teacher and provides a format for use and scoring.

Norms: The BRP Scales were standardized on over 1,300 students, 650 teachers, and 850 parents. No students were known to be receiving special education services. Correlations were done with existing behavior rating scales and diagnosed emotionally disturbed and learning disabled in public schools and institutions. No mention is made of including minority groups for standardization purposes.

Strengths: The BRP provides cross environmental information which has not been available before in a single instrument. The child's perception of his behavior is taken into account. Before the BRP, the child's viewpoint generally was not considered in evaluation.

The BRP, due to its construction, should be able to single out school based or teacher-based expectation differences rather than assuming the problem lies with the child. If, in fact, the problem does lie with the child, it will appear on more than the teacher checklist component of the BRP. The accompanying manual provides clear concise directions for administration and scoring along with standardization and reliability information.

Limitations: Full administration of the BRP takes a great deal of time, particularly if more than one teacher is working with the child. This becomes particularly apparent in using the sociogram, which takes at least 20 student responses to be accurate according to the manual. However, the sociogram can be omitted and the test will still produce a valid profile.

Bristol Social Adjustment Guides

Authors: D.H. Stott and N.C. Marston
Date: 1970
Age range: 5-16 years
Available from: Educational and Industrial Testing Services, Box 7234, San Diego, CA 92107

Description: The guides are designed to give a descriptive picture of the student's behavior and to help in the diagnosis of emotional instability. The instrument includes descriptive phrases arranged in paragraphs that describe situations likely to be encountered by teachers. The teacher is instructed to underline those phrases which apply to the child being assessed. After the rater has completed the paragraphs, a transparent template is fitted over each of the three pages of the schedule for scoring. The scores then relate to the five core syndromes and associated groupings. The core syndromes are based on the theoretical framework of under-reaction (UNREACT) and over-reaction (OVREACT).

The authors claim to have designed an instrument free from clichés, free from interpretation, and observable rather than inference based. Possible consumers definitely need to review these item descriptions before ordering the instrument, however. Many of the phrases are outdated or involve inferences by the rater.

Norms: The instrument was normed on 3,327 children born on the 15th or 18th of any month and ranged in age from 5-16 years. Of these children, 133 had been involved with the police.

Reliability: Reliability is questionable. Studies reported from .68 to .77 coefficients for internal reliability as calculated by Winer's formula. Test-retest reliability were not statistically significant.

Validity: No validity studies are reported.

Burks' Behavior Rating Scales (BBRS)

Author: Harold F. Burks
Date: 1977
Age range: Grades 1-9
Administration time: Approximately [illegible] minutes
Available from: [illegible]

Description: [illegible]

[illegible]

[illegible]

[illegible]

Norms: [illegible]

Reliability: [illegible]

Validity: [illegible]

California Preschool Social Competency Scale

Authors: Samuel Levine, Freeman F. Elzey, and Mary Lewis
Date: 1969
Age range: *Preschool children [illegible] years*
Available from: Consulting Psychological Press, Inc., 577 College Avenue, Palo Alto, CA 94306

Description: The scale is designed to identify critical behavior in preschool children in order to evaluate their social functioning with children of the same age, sex, and socioeconomic status and to identify deviant behavior. Because it allows evaluation of the effects of environmental variables, it can be used to measure the effectiveness of different interventions at the preschool level.

A teacher or psychologist observes the child in a variety of settings and rates behavior on 30 items pertaining to response to routine, responses to the unfamiliar, following instructions, making explanations, sharing, helping others, initiating activities, giving directions to activities, reaction to frustration, and accepting limits.

Norms: The scale was normed on 800 children, half males and half females from each age group, ages [illegible] years.

Reliability: The Spearman Brown Formula odd-even reliability coefficient was found to be .90 to .98, indicating high reliability for the scales.

Validity: Not given.

California Psychological Inventory (CPI) (Revised)

Author: Harison G. Gough
Date: 1975
Age range: *13 years and older*
Administration time: 45-60 minutes
Available from: Consulting Psychologists Press, Inc., 577 College Avenue, Palo Alto, CA 94306

Description: The inventory is to be used to develop descriptive concepts which possess broad personal and social relevance. The instrument is a 480-item, self-administered list of statements to which subjects respond "true" or "false" depending on their feeling about the statement. The items are grouped into 13 scales assessing important aspects of interpersonal psychology. The total set of scales provides a comprehensive survey of an individual from a social interaction point of view.

Norms: 6,200 males and 7,150 females from a wide range of age, socioeconomic groups, and geographic areas were not offered as a true random sample of the general population, according to the author.

Reliability: Two studies using test-retest reliability were reported. Two high school junior-age classes took the CPI in the fall of 1972, and again a year later, and 200 male prisoners took the test with a lapse of from 7 to 21 days between testings. In general, the consistency of measurement is high enough to permit use of the 18 scales in both group and individual testing.

Validity: The CPI has been used in a number of studies.

California Test of Personality (CTP)

Authors: Louis P. Thorpe, Willis W. Clark, and Ernest W. Tiegs
Date: 1953
Age range: *Separate forms for primary (K-3); Elementary (408); Intermediate (7-10); Secondary (9-14); Adult*
Administration time: About 45 minutes
Available from: California Test Bureau, Del Monte Research Park, Monterey, CA

Description: The CTP provides data aiding individuals to maintain or develop normal balance between personal and social adjustment and to measure desirable or undesirable adjustment.

The CTP yields a total adjustment score as well as scores for six personal adjustment scores. For example, the measurements include self-reliance, sense of personal worth, and nervous symptoms, and seven social adjustment scores such as social skills, family relationships, and community relationships.

The test may be self-administered or given orally, depending on the age of the examiner. The test contains yes/no items and can be machine- or hand-scored.

Norms: Each of the forms of the test was normed on large samples of subjects of the age for which the form is designed (range 2,800 - 4,500 subjects).

Reliability: NA

Validity: In a contrasted group (better versus poorly adjusted) study, scores closely correlated with clinical findings, and were found to be superior to the interview, the experience rating, teacher rating, and parent rating.

Child Anxiety Scale (CAS)

Author: John S. Gilles
Date: 1980
Age range: Elementary age children (Grades K-5)
Administration time: 20-30 minutes
Available from: Institute for Personality and Ability Testing, 1602 Coronado Drive, P.O. Box 188, Champaign, IL 61820

Description: The purpose of the CAS is to identify elementary school children experiencing high levels of anxiety in a variety of situations. The test screens children who may require further testing and possible placement in a program dealing with appropriate anxiety management.

A teacher of the emotionally disturbed or a school psychologist rates the child on 20 questions dealing with levels of anxiety the child experiences in a variety of social settings.

Norms: 343 children (176 males, 167 females) in Grades K-5 a with mean age of 6.5 comprise the norm group for the scale.

Reliability: A Kuder-Richardson coefficient of .73 was obtained for the scale reliability.

Validity: Although several validity studies using contrasted group design have been performed on the CAS, results are inconclusive due to some high and some low scores.

Child Behavior Checklist (CBCL) and Child Behavior Profile (CBP)

Author: Thomas M. Achenbach
Date: 1988
Age range: 2-3 years and 4-16 years
Available from: Thomas M. Achenbach, Ph.D., Department of Psychiatry, University of Vermont, 1 South Prospect Street, Burlington, VT 05401, (802) 656-4563

Description: The CBCL is designed to identify the behavioral problems and social competencies of children. It can assist in identification of emotional disturbance. The instrument consists of three rating forms: the teacher's report form, the child behavior checklist for parent ratings, and a direct observation form designed for recording observations of student behavior, noting on-task behavior in five-second intervals. The checklist for both teacher and parent forms consists of 112 items that describe a child's behavior. The rater is instructed to circle "2" if the item is very true or often true or circle "1" if the item is somewhat or sometimes true. Some inferences regarding behavior must be made. The responses are scored on the social competence and behavior problem scales of the child behavior profile. Separate editions of the profile have been standardized for each sex at ages 2-3, 4-5, 6-11, and 12-16 years. The profile can be either machine- or hand-scored using a template. Also available are teacher report forms, youth self-report forms, and direct observation forms on computer diskette.

Norms: The items on the CBCL were obtained from parent reports of children referred for mental health services. Items for the teacher report form were written to describe children's classroom behaviors. Scales were developed separately for age and sex groups.

Reliability: As a measure of test-retest reliability, mothers of normal children were asked to respond to the CBCL at intervals of about one week. Satisfactory stability was obtained averaging a .87 correlation coefficient. Interparent reliability was reported to be only .68 agreement. In a test-retest study, six month follow-up of clinic children yielded .72 correlation. The use of classroom instructors for reliability of the teacher rating scales was not part of the reliability studies. Using the Direct Observation Form, a Pearson Correlation of .92 was obtained between observers in public school settings.

Validity: In a study comparing children in a clinic population with children never involved in therapy, adequate discrimination between the groups was obtained on the parents' ratings. Teachers' ratings have not been submitted to analysis of validity.

Child Behavior Rating Scale

Author: Russell N. Cassel
Date: 1962
Age range: Preschool through third grade
Administration time: approximately 20 minutes
Available from: Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, CA 90025

Rater: Teacher(s) or someone familiar with the child.

Normative population: Standardized on 2,000 normal and 200 emotionally handicapped children.

Purpose: Objective assessment of behavior and personality of children. It consists of 78 brief statements, to be rated on a scale of 6 values ranging from "yes" to "no." Provides a profile of child's adjustment in five areas: self, home, social, school, and physical.

Administration: Individual.

Reliability: Not available.

Validity: Not available.

Children's Apperception Test (CAT)

Authors: Leopold Bellak, M.D., and Sonya Sorel Bellak
Date: 1972
Age range: 3-10 years
Administration time: 15-50 minutes
Available from: CPAS, Inc., P.O. Box 83, Larchmont, NY 10538

Description: CAT is a relatively culture-free, psychoanalytically based projective test consisting of ten pictures depicting animals in various situations. It should be administered by a trained professional, preferably a psychologist or psychiatrist. The ten pictures are shown one at a time and in order to the child who is encouraged to tell a story about them. The child's responses are recorded and interpreted to show the dynamics of interpersonal relationships, drives, and defenses.

Norms: 200 children, ages 3-10 years were given CAT.

Reliability: None available.

Validity: None available.

Children's Behavior Questionnaire

Author: Michael Rutter
Date: 1967
Age range: 7-13 years
Administration time: 5-10 minutes
Available from: Journal of Child Psychology and Psychiatry

Description: The Children's Behavior Questionnaire was designed for screening and/or survey purposes. This questionnaire consists of a list of two problem behaviors to which the teacher responds on a three-point scale. A total disorder score is obtained as well as two subscale scores entitled "neurotic" and "antisocial." The neurotic subscale consists of four items; the antisocial subscale of six items. Scoring and interpretation of results are very simple. Responses are summed to obtain a total disorder score. A score of nine or more may indicate disordered behavior. Within the group of disordered children, those having higher scores on the neurotic subscale are designated neurotic, and, conversely, those with higher antisocial scores are designated antisocial. The test is not available commercially.

Norms: Not described. The cut-off score was empirically derived from studies of children ages 7-13 years who were being seen in a psychiatric clinic and who were in the general population in England.

Reliability: Test-retest reliability is reported using four teachers ratings of 80 seven year-old children with a two month interval between ratings. The correlation coefficient between total scores was .89. Interrater reliability was obtained by having four teachers rate 70 children toward the end of a school year. Two months later in another school, four different teachers rated the same children. The correlation between the total score on the two ratings was .72.

Validity: The discriminative power of the questionnaire was tested by comparing scores of children being seen in two different psychiatric clinics with scores of children in the general population. About 11 percent of the boys and 3.5 percent of the girls in the general population received scores indicating disordered behavior as compared to 80 percent of the boys and 60 percent of the girls in the clinic population. The questionnaire's power of discrimination between neurotic and antisocial children was also tested. The questionnaire diagnoses were in agreement for 90 percent of the children clinically diagnosed as antisocial and for 80 percent of the children clinically diagnosed as neurotic.

Children's Personality Questionnaire (CPQ)

Author: Rutherford B. Porter and Raymond B. Cattell
Date: 1968, 1975
Age range: 8-12 years
Administration time: 45 - 60 minutes
Available from: Institute for Personality and Ability Testing, 1602-04 Coronado Drive, Champaign, IL 61820

Rater: Student

Normative Population: Not available

Purpose: Screen for individual attention and guidance for those children who need help with emotional conflicts and behavior disorders, or to locate individuals with unusual temperamental sensitivity who need careful handling.

Descriptions: The CPQ consists of 14 scales each measuring a dimension whose functionally independent nature has been established by factor-analytic research. The 14 scales are designed by two poles or extremes: (1) Reserved vs. Warmhearted; (2) Less intelligent vs. More intelligent; (3) Affected by feelings vs. Emotionally stable; (4) Phlegmatic vs. Excitable; (5) Obedient vs. Assertive; (6) Sober vs. Happy-go-Lucky; (7) Expedient vs. Conscientious; (8) Shy vs. Venturesome; (9) Tough-minded vs. Tender-minded; (10) Zestful vs. Circumspect; (11) Forthright vs. Shrewd; (12) Self-assured vs. Apprehensive; (13) Casual vs. Controlled: (14) Relaxed vs. Tense.

Administration: The tester might be better to divide the testing time into two parts for a given form. Children are required to make their responses on a separate answer sheet. Individual testing can be carried out with essentially the same procedure as group testing. After instructing the child as to what to do, leave the child alone except when the child asks for help. Tests can be scored by hand, stencil, or computer.

Reliability: Kuder-Richardson coefficients are presented on page 13 of the CPQ handbook.

Validity: CPQ Direct Validity coefficients are presented on page 14 of CPQ handbook.

Review: Excellent personality test.

Children's Version of the Family Environment Scale (CVFES)

Authors: Christopher J. Pino, Nancy Simons, and Mary Jane Slawinski
Date: 1984
Age range: 5-12 years
Administration time: 30 minutes
Available from: Slosson Educational Publications, Inc., P.O. Box 280, East Aurora, New York 14052

Description: This test is designed for use with children to determine their perceptions of family interaction in the areas of relationships such as cohesiveness or conflict, personal growth such as competition or social issues, and system maintenance such as family organization.

Norms: This scale was normed on 158 Buffalo, New York, children in grades 1-6. There were an equal number of boys and girls with varied nationalities. Most of the children involved were Roman Catholic. The authors warn this is not a comprehensive group. All of the pictures used are cartoons with people that are very similar in features except for one distinguishing characteristic. Children are instructed to pretend that the picture represents themselves.

Reliability: The reliability with the normed group was .80 over a four-week test-retest interval.

Validity: Much research in the area of validity is still begin done for the CVFES. The authors are looking at the notion of stimulus pull. They felt that validity depended on whether the children interpreted the comics as they were meant to be. Two clinicians looked to see if children were interpreting the comics correctly by having children tell the feeling being expressed by the picture in one sentence. They found a reliability of .90 for this.

Coopersmith Self-Esteem Inventory

Author: Stanley Coopersmith
Date: 1967
Age range: 9 years to adult
Administration time: Approximately 10 minutes
Available from: W.H. Freeman and Company, 1736 Stockton Street, San Francisco, CA 94133

Description: The Coopersmith consists of 58 short statements which are answered by the student as "like me" or "unlike me." Within the inventory there are five subscales: general self, social self, home/parents, lie scale, and school academics.

Norms: The Coopersmith was normed on 102 students in New York State and 1,748 students in Connecticut.

Reliability: Split half reliability is reported as .90.

Validity: All items in the scale were agreed upon by five psychologists as indicating high or low self esteem.

Devereux Behavior Rating Scales

Authors: George Spivack, Ph.D. and Marshall Swift, Ph.D.
Date: 1966-67
Age range: DCB 8-12 years, DAB 13-18 years, and DESB Grades 1-6
Administration time: Rater 15 minutes; diagnostic teacher scoring 15 minutes
Available from: Devereux Foundation Press, Devon, PA 19333

Description: The Devereux Behavior Rating Scales includes three forms, each of which is used for different ages or settings. The scales are similar in administration, scoring, and reporting. The scales are used to provide additional information for the diagnostic process. The Elementary Scale may be used as a means of identifying behaviors which may interfere with achievement. The adolescent and child scales may provide additional material from parents or child-care workers.

Standardization: The Child Rating Scale was standardized with groups of 252 atypical children and 82 normal children over a period of one year. The Elementary School Rating Scale was standardized on over 1,500 students of elementary school age. The DAB was normed on adolescents in group homes and 305 normal adolescents living at home. No mention is made of studies done with minority students on any of the scales, although the original sample included black students.

Administration: The DCB and DAB Scales may be filled out by anyone who has lived with the referred student for a period of time. The time of observation should not be less than two weeks. Very rarely should a teacher be asked to rate the child on these scales, since many of the behaviors rated do not occur in a school setting. The DESB Scale may be filled out by any teacher who has had an opportunity to observe the student in the classroom setting over a sufficient period of time. A one month observation period should be considered minimal.

The scales consist of questions concerning behaviors which may appear in various settings. For example,

- DESB: "How often does the child interrupt when the teacher is talking?"
- DCB: "To what degree is the child messy or sloppy in his eating habits?"
- DAB: "How often does he insist on doing things his own way?"

To increase the probability of obtaining a reliable assessment, teachers should be prepared carefully for rating the student. Instructions for completing the form, which appear on the first page, should be discussed with the teacher.

Since perceptions of student behavior may vary significantly from teacher to teacher, it is important to distribute the DESB Scale to as many school personnel as possible. This allows the diagnostic teacher to form a more complete picture of the student's behavior patterns, as well as a pattern of teacher perceptions, if any.

Strengths: If the DESB Scale is given to several teachers, the scale will provide an accurate picture of perceived student behavior in several settings. It will also show perception patterns of teachers, for example, all see the child as being excessively dependent, or only one adult views the student this way.

Low scores on factors 7, 10, and 11 may indicate another disability area. Information from the DESB Scale may provide information to be explored in teacher interviews.

Limitations. The DESB, when given to only one teacher, may reflect too heavily the biases of the teacher. In addition, perceptions may reflect information gained from other than classroom behavior. Although teachers may feel the process time consuming the importance of data gained from the instrument should be stressed.

The DCB and DAB scales are seldom used by diagnostic teachers. The forms and manual should be studied carefully before using them to determine appropriateness, as well as strengths and limitations.

Early School Personality Questionnaire (ESPQ)

Authors: Richard W. Coan and Raymond Cattell
Dates: 1966, 1972, 1976
Age range: 6-8 years
Administration time: Untimed
Available from: Institute for Personality and Ability Testing, 1602-04 Coronado Drive, Champaign, IL 61820

Normative Population: 1,000 boys and girls ages 6-8 years from cross-sections of the United States

Purpose: To help teachers gain an understanding of the needs and predispositions of children ages 6-8 years. Data generated from the ESPQ should facilitate insight into the sources of minor adjustment problems that may arise in early school years. In the clinical setting, the ESPQ is intended as a quantitative diagnostic instrument.

Description: The ESPQ consists of 13 scales each measuring a dimension whose functionally independent nature has been established by factor-analytic research. The 13 scales are defined by two poles or extremes: reserved versus outgoing; less intelligent versus more intelligent; affected by feelings versus emotionally stable; phlegmatic versus excitable; obedient versus assertive; sober versus happy-go-lucky; expedient versus conscientious; shy versus venturesome; tough-minded versus tender-minded; zestful versus circumspect; forthright versus shrewd; self-assured versus apprehensive; casual versus controlled; and relaxed versus tense.

Administration: Training is required in order to administer this scale. Examiner reads questions, and child marks the answers on a pictorial answer sheet. No reading ability required. Group or individually administered. Hand-scored or machine scored.

Reliability: Reliability measures are presented on page 21 of the manual.

Validity: Concept validities range from .38 to .86.

Review: Excellent personality test.

Hahnemann Elementary School Behavior Rating Scale (HESB)

Authors: George Spivack, Ph.D. and Marshall Swift, Ph.D.
Date: 1975
Age range: Grades K-6
Administration time: 10 minutes
Available from: Department of Mental Health Sciences, Hahnemann Medical College and Hospital, Philadelphia, PA

Purpose: To provide a standard system for identifying and measuring classroom behaviors of elementary school students in both traditionally taught and open classrooms. The scale can be used to identify behaviors that interfere with learning.

Materials: Rating Scale for each rater

Administration and Scoring: The HESB Scale is similar in use and format to other behavior rating scales. The directions to the person rating the child's behaviors are clear and simple, requiring about ten minutes of the rater's time to complete the entire 60 questions.

In rating the behaviors of students, the rater should ignore opinions of others and consider behaviors over the past month using an average child in the class as a standard.

Scoring the HESB is simple. It requires totaling the raw scores on items that have been grouped into behavioral areas and plotting this score by areas into a standard score profile. The profile provides a visual display of normal and deviating scores for each area.

The results of the HESB are grouped into the areas of originality, independent learning, productive involvement with peers, ineffectual dependency on peers, failure anxiety, unreflectiveness, irrelevant talk, disruptive social involvement, negative feeling, holding back/withdrawal, critical, competitive, blaming approach toward teacher, and the added items of inattention and academic achievement. Interpretation for each of these areas is provided in the manual.

Strengths and Limitations: The strengths and limitations of this rating scale are similar to those of other behavior rating profiles. For further information, consult the HESB Scale Manual.

Hahnemann High School Behavior Rating Scale (HHSB)

Authors: George Spivack, Ph.D. and Marshall Swift, Ph.D.
Date: 1973
Age range: Grades 7-12
Administration time: Classroom teacher 15 minutes; scoring 15-20 minutes
Available from: Department of Mental Health Sciences, Hahnemann Medical College and Hospital, Philadelphia, PA

Purpose: To provide a standard system for identifying and measuring classroom behavior of junior and senior high school students. The focus is on behaviors which interfere with, facilitate, or reflect the student's level of performance.

Materials: One copy of scale for each teacher contacted.

Standardization: Samples were drawn from both urban and suburban settings at the junior and senior high school levels. Over 2,100 students from both regular and special classes were included in the study. No mention is made of including minority students.

Administration: The HHSB consists of 45 questions pertaining to behaviors which are rated by school personnel who have had significant contact with the student in the classroom. Rated students are compared to the average student in a normal class by asking such questions as:

- Does the student come in late to class?
- Does the student bring things to class that relate to a current topic?
- Does the student speak disrespectfully to the teacher?

Since the scale is specifically designed to describe behaviors that occur in the classroom, it should not be used with parents, child care workers, or counselors who do not have the contact with the child which would allow for valid ratings.

To increase the probability of obtaining a reliable assessment, teachers should be prepared carefully for rating the student. Instructions for completing the form should be discussed with each teacher.

Since perceptions of student behavior may vary significantly from teacher to teacher and subject to subject, it is important to distribute the rating scale to as many school personnel as possible.

Strengths: If given to several teachers in both academic and nonacademic areas, the HHSB will provide an accurate picture of perceived student behavior across subject area and time of day. It will also show perception patterns; for example, all teachers find the student to exhibit a high degree of verbal negativism, as well as a lack of such patterns. Item 4 (Rapport with Teacher) gives some indication of how the teacher feels about the student, which may in turn be reflected in other scores, as well as other areas of assessment.

Items 1-5 provide some indication of the student's ability. When combined with other facets of the diagnostic assessment, they may indicate a learning problem rather than a behavior problem.

When several teachers need to be contacted, the HHSB takes a minimum of ED teacher time and gives a general picture of the student without extended teacher interviews.

Limitations: The HHSB when given to only one or two teachers may reflect too heavily the biases of that teacher. Take care to weigh the scale in relation to the ED teacher observations.

When students are absent frequently, teachers may rely on scanty data to rate the student. In addition, the scale may reflect perceptions gained from other than classroom behavior. Follow-up interviews with the teachers should probe areas rated excessively high or low. Teachers may be reluctant to rate the student unless adequate preparation is given and the importance of their input to the diagnostic process is stressed.

High School Personality Questionnaire (HSPQ)

Authors: Raymond B. Cattell and Mary D. Cattell
Date: 1983
Age range: 12-18 years
Administration time: Approximately 45-60 minutes
Available from: Institute for Personality and Ability Testing, P. O. Box 188, Champaign, IL 61820

Description: The HSPQ consists of 142 items from which the student must choose among three possible answers. The test measures 14 independent dimensions of personality. They are reserved vs. warmhearted; dull vs. bright; affected by feelings vs. emotionally stable; undemonstrative vs. excitable; obedient vs. dominant; sober vs. enthusiastic; disregards rules vs. conscientious; shy vs. venturesome; tough-minded vs. tender-minded; zestful vs. circumspect; forthright vs. shrewd; self-assured vs. guilt-prone; group dependency vs. self-sufficient; uncontrolled vs. controlled; and relaxed vs. tense.

The test can be hand-scored with stencils or machine-scored. Each of the 14 factors yields a raw score which is converted to a stanine score (range: 1-10) from the normative tables. The stanine scores are then plotted on a profile sheet to make a graphic representation of the student's personality.

Through various combinations of the primary factor scores, secondary scores may be obtained for anxiety, independence, school achievement, neuroticism, delinquency proneness, recovery from delinquency, creativity, and leadership potential. Four alternate forms of the test are available.

Norms: A total of 9,386 students comprised the normative group. The sample was balanced for age, sex, geographic region, and ethnic background.

Reliability: Test-related reliabilities are given which reflect immediate retest, retest after one day, and retest after two weeks. The coefficients for each of the 14 factors on the retest after two weeks range from .55 to .76. The median was .67.

Validity: Concept validities for the 14 scales are reported and are low, but adequate. A contrasted group analysis between behavior disabled and normal children was performed with adequate results.

Jesness Behavior Checklist (JBC)

Author: Carl F. Jesness
Date: 1971
Age range: 13-20 years
Administration time: 20-30 minutes
Available from: Consulting Psychologists Press, Inc., 577 College Avenue, Palo Alto, CA 94306

Description: The JBC is designed to distinguish emotionally disturbed and delinquent children from well-adjusted children. Items were chosen by critical incident techniques extracted from behavioral descriptions of boy offenders in juvenile correctional institutions in California. No comparable validity studies were completed and teacher input was not sought. The items appear highly overt and descriptive. The normative samplings are inadequate.

The Jesness has both an observer rating score and a self appraisal inventory (SAI). The 80 items are rated on descriptive continuums located adjacent to the items. The scale can either be hand scored or computer scored. In hand scoring, templates are used which cluster the behavior for plotting on a graphic profile in t-scores and percentile scores. The items are factor related to 14 dimensions. Subscales often appear inappropriately labeled, particularly the bipolar factors.

Norms: The study was comprised of 970 delinquent and 1,075 nondelinquent males and 450 delinquent and 811 nondelinquent females. T-scores were based on nondelinquents only.

Reliability: Test-retest reliabilities are not statistically significant. Interrater reliability correlations were reported from .36 to .57 on individual scales which were calculated on boys only.

Validity: Not established.

Junior Eysenck Personality Inventory (JEPI)

Author: Sybil B. G. Eysenck
Date: 1963
Age range: 7-16 years
Administration time: None specified
Available from: Educational and Industrial Testing Service, Box 7234, San Diego, CA 92107

Description: The JEPI was designed to measure the two major personality variables of neuroticism, or emotionality, and extraversion/intraversion of children. The instrument was developed for experimental work. Subjects rate themselves on items by indicating whether the statement is a true or false statement.

Norms: Normed on 1,655 English schoolchildren, both boys and girls, from Rotherham and London, England.

Reliability: Test-retest reliabilities were found to be .80 for neuroticism and .75 for extraversion.

Validity: The instrument was not designed to be valid when used as the sole identification measure. Results are questionable regarding generalizations for specific handicapping conditions.

Junior-Senior High School Personality Questionnaire (HSPQ)

Authors: Raymond B. Cattell and Mary D.L. Cattell
Date: 1968, 1973
Age range: 12-18 years
Administration time: 50 - 60 minutes
Available from: Institute for Personality and Ability Testing, 1602-04 Coronado Drive, Champaign, IL 61820

Description: The HSPQ is a standardized test that can be given within a class period to single individuals or in groups to yield a general assessment of personality development. Training is required to administer this scale. During the test the meaning of words may be explained to an examinee except for the intelligence scale items.

The teacher should be extremely wary of interpreting such composite scores, especially the clinical ones, without consulting a psychologist.

Rater: Student

Normative population: Proportional, stratified design of American high school students.

Reliability: Reliability was .55-.96 for dependability coefficients and .39-.82 for stability coefficients.

Validity: Validity ranged from .58-.96.

Louisville Behavior Checklist (LBC)

Author: Lovick C. Miller
Date: 1977
Age range: Form E1: children 4-6 years old; Form E2: children 7-13 years old; Form E3: being developed for ages 14-18
Administration time: 25-30 minutes
Available from: Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, CA 90025

Description: The LBC Form E1 and E2 are 164-item instruments that sample social and emotional behaviors ranging from social competence to social deviance. Items are judged to be true or false by a rater, usually parents. There are 19 subscales on E1, 18 subscales on E2, as well as a severity level score on both. The first 11 scales were derived from factor analytic studies. The other scales are narrow band factor scales which are grouped into three broad-band factor scales: Aggressive, Inhibition, and Learning Disability.

In addition to the deviant behavior scores, there is a Normal Irritability (NI) Scale. This scale contains items describing noxious behaviors reported in at least 15 percent of the general population and is intended as a calibration of parents' tolerance/sensitivity to deviance. There is also a scale which is intended to measure social competence. Entitled Prosocial Deficit (PD), it consists of 13 items which describe prosocial behavior. Items are counted when marked "false," indicating a deficit in adaptive social behavior.

The Severity Level (SL) is a broad band scale composed of all noxious and pathogenic behaviors on the inventory minus the normal irritability items and items sampling intellectual and physical disabilities.

Both forms of the LBC are scored by hand with the use of templates.

The LBC was designed to help parents conceptualize and communicate concerns about their children and thereby provide the mental health worker with an overview of a child's deviant behavior. The author states that the LBC should be interpreted only by professional mental health workers who are knowledgeable in child psychopathology and who use the instrument as one component of a general clinical evaluation.

Norms: The LBC Form 1 was standardized on 287 children ages 4-6 from Kentucky. Form E2 norms were drawn from the same geographic area. There were 236 children aged seven years old in the Form E2 sample. Information on race, family income, and age is available in the manual.

Reliability: A few of the narrow band scales yield low split-half correlations (.33 and .44); but the broad band and Severity Level scales correlations are quite respectable (.80 to .907).

Validity: The author claims content validity on the basis that a number of independently derived checklists have used similar items. Generally, the validity studies report respectable results.

Minnesota Counseling Inventory (MCI)

Authors: Ralph E. Bendie and Wilbur L. Layton
Date: 1957
Age range: Grades 9-12
Administration time: 50 minutes
Available from: Psychological Corporation, 757 Third Avenue, New York, NY 10017

Description: The purpose of the inventory is to acquire information about the personality dynamics, personality structure, and personality problems of young people. Three scores assist in identifying areas in which students may adjust particularly well or poorly. These are the scores on the family relationships (FR), social relationships (SR), and emotional stability (ES) scales. The remaining four scores provide information more directly related to the methods students employ in making adjustments. These scores are those of conformity (C), adjustment to reality (R), mood (M), and leadership (L) scales. Training is required to administer this scale. It can be individually or group administered.

Rater: Student

Normative Population: Students in grades 9-12 in Minnesota and Iowa.

Reliability: Split-half reliability .57-.94; test-retest .56-.86.

Validity: As yet, no evidence is available concerning the validity of various combinations of MCI scores. Single scores can be used as sources of information regarding individuals, but combinations of scores, discrepancies between scores earned by a single individual, and the patterning of scores should only be used by psychologists to make broader generalizations regarding the nature of the student's personality.

Minnesota Multiphasic Personality Inventory (MMPI)

Authors: Starke R. Hathaway and J. Charley McKinley
Date: 1942-1967
Age range: 14 years and older
Administration time: Approximately 45-90 minutes
Available from: Interpretive Scoring Systems, P. O. Box 1416, Minneapolis, MN 55440

Description: The MMPI consists of 566 true-false items dealing with a wide variety of issues, feelings, and events. The test is self administered and requires a 6th grade reading level unless items are read to the subject. The test has four validity scales and ten clinical scales. The clinical scales are: hypochondriasis, depression, hysteria, psychopathic deviate, masculinity-feminity, paranoia, psychasthyenia, schizophrenia, hypomania, and social introversion. An MMPI profile is obtained by converting the raw scores on each scale to t-scores. It should only be used by highly trained clinical professionals. Its utility in education would be primarily to determine the need for related services.

Norms: Originally the scales were developed by contrasting the responses of normal groups, approximately 700 people who visited the University of Minnesota Hospital, with over 800 carefully selected clinical cases. Both males and females were included in the sample and the age range was from 16 to 55 years. Subsequently, norms have been developed for adolescents ages 14-17 years. These are based on a national sample of 1,766 teenagers not in treatment and 834 teenagers who were involved in psychotherapy of one form or another.

Reliability: Test-retest coefficients for emotionally healthy people and psychiatric patients for the 10 scales range from .52 to .90. The median is .77.

Validity: A high score on a particular scale has been found to predict the corresponding clinical diagnosis in more than 60% of new psychiatric admissions.

Missouri Children's Picture Series

Authors: Jacob O. Sines, Jerome D. Pauker, and Lloyd K. Sines
Date: 1963-1984
Age range: 5-16 years
Administration time: 10-20 minutes
Available from: Psychological Assessment and Services, P.O. Box 1031, Iowa City, IA 52240

Description: The test consists of 238 picture cards which the student sorts in two groups: those which look like fun and those which don't look like fun. The task is very simple, the directions are very straightforward, and no reading is involved. The test measures eight personality dimensions: conformity, masculinity-femininity, maturity, aggressions, inhibitions, activity level, sleep disturbance, and somatization.

Norms: The test was normed on 1,877 children in grades K-11. An approximately equal number of males and females were included in the group. However, no information about other demographic aspects of the same is provided. Also, for the development of some of the test's scales a clinic sample of 404 boys was used. The user of this test should consult the manual for a detailed description of this norm development.

Reliability: Split-half reliabilities of the eight scales have been determined for males and females in the normative group. These coefficients range from .20 to .83. The median is .47. Ten-day test-retest reliabilities have also been calculated for the eight scales. These coefficients range from .45 to .77. The median is .62.

Normative Adaptive Behavior Checklist (NABC)

Author: Gary L. Adams
Date: 1984
Age range: Birth to 21 years
Administration time: Approximately 20 minutes
Available from: The Psychological Corporation, Order Service Center, P.O. Box 9954, San Antonio, TX, 78204-0954

Description: The NABC is designed to identify individuals with adaptive behavior deficits. It is in questionnaire format and compares the child to peers in performing the skills needed for independent living. The test includes 120 items to measure adaptive behavior in six skill areas: self-help, independent living, home living, social, sensory/motor, and language concepts/academics.

The items are completed by the person who knows the child best. Each item describes a behavior. Items are answered by circling "yes" indicating the child can perform the behavior or usually does so, or "no" indicating the child does not perform the behavior or needs prompting to do so.

The Personality Inventory for Children - Revised (PIC-R)

Authors: Robert D. Wirt, David Lachar, James K. Klinedinst, Philip D. Seat, and William E. Broen
Date: 1977-1984
Age range: 3-16 years
Administration time: 30-90 minutes
Available from: Western Psychological Services, 12031 Wilshire, Los Angeles, CA 90025

Description: The PIC-R consists of a total of 600 true-false questions completed by a primary informant, usually the student's mother or father. By completing the first three parts of the test consisting of 420 items, 4 validity and screening scales, 4 broad-band factor scales, and 12 clinical scales may be obtained. The clinical scales are achievement, intellectual screening, development, somatic concern, depression, family relations, delinquency, withdrawal, anxiety, psychosis, hyperactivity, and social skills. The response yields a clinical profile of the 16 scales. In addition, if all 600 items are given, 17 supplemental scales may be obtained.

Norms: The PIC-R was standardized on 2,390 normal children from Minnesota. There were about 100 boys and 100 girls at each age level from 5 to 16 years. Also, 192 normal children between the ages of 3 and 5 were tested.

Reliability: Test-retest average reliability coefficient for the clinical scales is .86. Coefficients in normal samples for the individual scales have been found to range from .59 to .87.

Validity: External validity ranges from .30 to .76 for the scales where data were reported.

Piers-Harris Children's Self Concept Scale

Authors: Ellen V. Piers and Dale B. Harris
Date: 1969
Age range: Grades 3-12 but when test is read by examiner, children below Grade 3 can take it
Administration time: 15-20 minutes
Available from: Counselor Recordings and Tests, Box 6184, Acklen Station, Nashville, TN 37212

Purpose: The authors state that the test's purpose is primarily for research on the development of children's self-attitudes and correlates of these attitudes. They suggest that any use other than for research should be entered into cautiously, and subject to the limitations described in the manual.

Description: Manual, test booklet, scoring key

Administration: Below Grade 3, examiner reads each item. Average scores are those that score [illegible] percentiles or between raw scores of [illegible].

Norms: 1183 public school children ranging from grades 4 to 12.

Reliability: Reliability for the test-retest was .71 - .77. Reliability for [illegible] was [illegible].

Validity: Pearson [illegible] validity coefficients [illegible].

Primary Self-Concept Inventory

Authors: Douglas G. Muller and Robert Leonetti
Date: 1974
Age range: Grades K-6 and 4 year olds who have had preschool training
Administration time: 10-15 minutes
Available from: Teaching Resources Corporation, 50 Pond Park Road, Illingham, MA 02043

Description: The inventory was designed "to provide an economical procedure for evaluating several aspects of self-concept relevant to school success." The PSCI should be viewed as a screening device and not the sole basis for diagnosis or determination of intervention strategies.

The test contains 20 items, 18 of which are scored. Each item depicts at least one child in a positive role and at least one child in a negative role. There are separate male and female forms so that the sex of the children in the illustrations is the same as that of the examinee. The examinee is told a simple descriptive story about each illustration and is instructed to draw a circle around the person that is most like himself and herself.

The test provides a total score, three domain scores, and six factor scores: physical size, emotional state, peer acceptance, helpfulness, success, and student self-concept.

Norms: Norms were developed on 2,085 children evenly represented by sex and grade (K-6).

Reliability: Test-retest reliability, .57-.91, was significant.

Validity: Validity was determined through contrasted groups (K-6), content validity, and construct validity. Validity scores are adequate, but caution should be exercised when interpreting factor and domain scores of children below first grade level as children in kindergarten have not yet acquired a highly differentiated self-concept.

Psychological Evaluation of Children's Human Figure Drawings

Author: Elizabeth Munsterberg Koppitz
Date: 1963
Age range: Grades K-6
Administration time: No time limit set
Available from: Grune & Stratton, Subsidiary of Harcourt Brace Jovanovich, 111 Fifth Avenue, New York, NY 10003

Description: This test is a developmental projective test. Children are given a blank piece of paper and a pencil with an eraser. They are asked to draw a whole person, any kind of person they want to draw. The examiner observes and takes notes of any unusual features, noting sequence in which the figure is drawn, child's attitude and spontaneous comments, time needed, and the amount of space used on the paper. Children's drawings of the human figure are interpreted with detailed definitions and scoring manuals for both the developmental items and the emotional indicators. Examiner should be trained in administration.

Norms: The norm group consisted of 1,856 public elementary school pupils: 33 percent came from residential sections of a midwestern metropolis; 54 percent attended schools in three small industrial towns in a midwestern and an eastern state; 13 percent came from small villages or rural areas of the same states; one-third of the children came from low-income communities, black and white; one-third of the children were from predominately white, middle-income communities; and the last third lived in high-income areas.

Reliability: The reliability of scoring this test was determined by the author and another psychologist. Twenty-five protocols were checked for the presence of 30 developmental items and 30 emotional indicators. Of the 467 items checked, 95 percent of the items were checked by both and only 5 percent were scored by only one or the other rater.

Validity: Developmental items have been found to be correlated with age and maturity.

The Q-Tags Test of Personality

Authors: Arthur Storey and Louis Masson
Date: 1967-69
Age range: 6-12 years for biographical form; 12 years and over for autobiographical form.
Administration time: 60-80 minutes in two sessions
Available from: Institute of Psychological Research, Inc.

Description: The test is used to determine a child's correlation of self and ideal self. The biographical form yields six factor scores: affective, assertive, effective, hostility, reverie, and social in each of two areas—"he or she is" or "he or she should be." The autobiographical form yields the same six factor scores in each of two areas: "I am" or "I wish I were."

The test contains 54 statement cards, with nine statements for each of the six factors. The cards are sorted into two piles: statements describing the individual and those not describing him. Cards are then sorted into 11 columns, representing categories ranging from "most unlike me" to "describes me best." The score for each item corresponds to the number of the column in which it was placed. Scores for the nine items of each factor are then added to give the six factor scores.

Norms: Norms are based on a sample of 180 seventh and eighth grade students.

Reliability: Test-retest (5 day interval) is moderate: affective—.65, assertive—.73, effective—.61, reverie—.50, social—.60, and hostility—.69.

Validity: Concurrent validity is quite low: assertive—.26, effective—.36, hostility—.21, and reverie—.22.

Rotter Incomplete Sentences Blank

Author: Julian B. Rotter
Date: 1950
Age range: 13 years and over
Administration time: 20-40 minutes
Available from: The Psychological Corporation, 7555 Caldwell Avenue, Chicago, IL 60648

Description: The test involves incomplete sentences involving feelings and attitudes. The student is asked to complete 40 sentences, for which only the first word or words are supplied. It is assumed the subject reflects his or her own wishes, desires, fears, and attitudes in the sentences. In addition to usual clinical interpretation an objective scoring system is available for screening as an index of maladjustment. For the objective scoring system each of the 40 responses is evaluated on a seven-point rating scale (0-6).

Norms: The instrument was standardized on 299 entering freshman at Ohio State University. There were 85 females and 214 males in the sample.

Reliability: Split-half reliability for the scoring system is .84. Inter-scorer reliability is reported as .91 for male records and .96 for female records.

Validity: The scoring system used to classify students as "adjusted" or "maladjusted" correctly identified 89 percent of the adjusted students and 52 percent of the maladjusted.

Scales of Independent Behavior (SIB)

Authors: Robert H. Bruininks, Bradley K. Hill, Richard F. Weatherman, and Richard W. Woodcock
Date: 1984
Age range: Infancy to adulthood
Administration time: An hour or less; 10 minutes for the Early Development Scale and Short Form Scale
Available from: DLM Teaching Resources, One DLM Park, Allen, TX 75002

Description: The purpose of this test is to assess a broad range of functional independence and adaptive behaviors. The SIB is designed to measure program and training needs and describe significant problem behaviors. The ability of the subject to perform practical, everyday tasks is measured. The test assesses major areas of an individual's social development and adaptive behavior in home, school, and community environments.

The Scales of Independent Behavior (SIB) test is composed of a test book which is used as a flip-page easel, a book for recording response, and an interviewer's manual with information on administration and interpretation of SIB scores.

The SIB is divided into 14 subscales and contains 226 items as well as an Early Development Scale for testing subjects below 2.5 years of age and a Short Form Scale for use as a brief screening instrument. The 14 subscales are divided into four major components: motor skills, social interaction and communication skills, personal independence skills, and community independence skills. Another section is used to identify eight problem behaviors, withdrawal or inattentive behavior, and uncooperative behavior. Subscale C evaluates 16 tasks requiring social interaction with others. The authors say tasks range in difficulty from socialization appropriate in infancy, such as handing toys to another person, to more complex interactions involving entertaining and making plans to attend social activities outside the home.

Norms: A stratified random sample of 1,670 subjects balanced as to race, sex, geographic location, and type of community provided the normative data. Subjects ranged in age from infancy to about 40 years of age and came from communities throughout the United States.

Reliability: No data on reliability.

Validity: No data on validity.

School Behavior Checklist (SBC)

Author: Lovick C. Miller
Date: 1977
Age range: Form A1: children 4-6 years old; Form A2: children 7-13 years old
Administration time: 8-10 minutes
Available from: Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, CA 90025

Description: The SBC Form A1 consists of a single, reusable page on which 104 items of prosocial and deviation behaviors are listed. The SBC form A2 is also a single reusable page with 96 items on it. There are separate answer sheets on which a true-false format is utilized. Global severity ratings of the child's emotional and learning problems also are recorded.

On Form A1, there are six factor scales and three clinical ones. On Form A2 there are six factor scales and one clinical scale. On Form A1, the factor scales are low need achievement, aggression, anxiety, cognitive deficit, hostile isolation, and extroversion. The clinical scales are normal irritability, school disturbance, and total disability, all of which are designed to differentiate between a general population and a disturbed one. The normal irritability and school disturbance scales were not included in Form A2, and the academic disability scale was substituted for the cognitive deficit scale. Otherwise, the scales are comparable.

Norms: On Form A1, the standardization sample was randomly selected from preschool and Grade 1 programs in Louisville and Jefferson County, Kentucky. There are 539 children in the sample, which the author describes as over-represented by blacks and six-year-olds. A detailed description of the group is available in the manual. On Form A2, the standardization sample consists of 2,627 males and 2,746 females from Louisville and Jefferson County, Kentucky. The effects of sex, race, age, socioeconomic status, intelligence, and teacher experience were analyzed and are reported in the manual.

Reliability: Split-half reliability coefficients are reported for both forms and range from .44 to .95 (Form A1 total disability = .95; Form A2 total disability = .932). Test-retest correlation coefficients were also computed for Form A2 using a six-week interval. They range from .40 to .89 with all but one falling between .70 and .89.

Validity: Two criterion-related validity studies and four construct validity studies are reported in the manual. In general, the SBC is effective in differentiating between clinical and normal populations. Studies comparing parents' and teachers' ratings generally yielded low positive ratings.

Self-Observation Scales (SOS)

Authors: A. Jackson Stenner and William G. Katzenmeyer
Date: 1979
Age range: Primary, Intermediate (normed 1973), Junior and Senior high levels (normed 1975)
Administration time: 30 minutes for all levels
Available from: NTS Research Corporation, 2634 Chapel Hill Blvd., Durham, NC 27707

Description: The SOS is a self-report test which can be group administered. The scales measure the way children and adolescents perceive themselves and their relationships with peers, teachers, and school.

The primary scales measure four dimensions of self-concept: self-acceptance, social maturity, school affiliation, and self-security. The intermediate scales measure seven dimensions of self-concept: self-acceptance; self-security; social maturity; social confidence; school affiliation; teacher affiliation; and peer affiliation. The junior and senior high levels measure seven dimensions: self-acceptance; self-security; social confidence; self-assertion; peer affiliation; teacher affiliation; and school affiliation. The scoring provides t-scores, percentiles, stanines, and average scores for each pupil and the complete range of scores.

On the primary level form, the primary teacher reads the 50 test items and the students respond "yes" or "no" by marking the nose of a happy or sad face. The other levels have the students read the test items and mark the "yes" or "no" circles according to their feelings. The scores are sent to the test publisher for scoring; results are sent back to the school.

Norms: Primary and intermediate level normed in 1973 by students of 1,200 teachers in 150 schools, for a total of over 30,000 children in grades K-6. Junior and senior levels were normed in 1975 by 42 school districts which contained 12,000 students in grades 7-9, and 10,000 in grades 10-12. All groups were selected for size, socioeconomic status, minority status, geographical location, and urban/rural status.

Social Behavior Assessment for use with Social Skills

Author: Thomas M. Stephens
Date: 1979
Age range: No age specified, author suggests Grades K-6. Designed for children who have failed to learn functional social behaviors appropriately.
Administration time: Not given
Available from: Cedars Press, P.O. Box 29351, Columbus, OH 43229

Description: The inventory is to be used to assist the teacher in identifying inappropriate or underdeveloped social behaviors. It can be used as part of the ongoing process of teaching and maintaining social behavior. The manual includes suggestions for teaching social skills.

The instrument addresses 136 social behaviors. Each item is rated by the teacher or observer on a scale of 0-3. The student is observed in settings with opportunities to display the relevant behavior. The ratings are 0 = behavior not observed or not applicable for the student, 1 = behavior exhibited at an acceptable level, 2 = behavior exhibited at a lower-than-acceptable level, and 3 = behavior never exhibited. Behaviors are categorized into four areas: self-related behaviors, environmental behaviors, task-related behaviors, and interpersonal behaviors. Total scores and four subscale scores are calculated.

Norms: Skills were obtained from classroom observations, a review of relevant literature, and a content analysis of behavior rating instruments.

Reliability: None available.

Validity: None given. A list of skills was given to 280 regular and special education teachers in questionnaire form. Response indicated they consider all of the skills to have some degree of importance for their own classes.

Social-Emotional Dimension Scale (SEDS)

Authors: Jerry B. Hutton and Timothy G. Roberts
Date: 1986
Age range: Grades K-12
Available from: Pro-Ed, Inc., 5341 Industrial Oaks Boulevard, Austin, TX 78735

Description: The SEDS was developed for the purpose of facilitating the early identification of students who may qualify for special education services on the basis of an emotional disturbance or behavior disorder. It also helps identify categories of behavior problems which may need further exploration, pinpoints interactions between students and teachers which may call for more direct observation, and provides school personnel with information to assist students in making effective use of their instructional experience. SEDS provides a total score, behavior quotient (BQ), behavior observation unit (BOU), and six scale scores for avoidance of peer interaction, aggressive interaction, avoidance of teacher interaction, inappropriate interaction, depressive reaction, and physical/fear reaction. SEDS is completed by the teacher or other school personnel familiar with the behavior displayed by the target student. A minimum of three weeks observation is recommended before completing the rating scale.

Norms: 1,087 students ranging in age from 5.6 to 18.5 years by 130 raters living in 20 states.

Reliability: The reliability of the SEDS was established by four different means: test-retest (.76, .72, .84, .90), internal consistency (.88, .88), standard error of measurement (.89), and interrater reliability (.73, .83). Adequate reliability was found for testing-retesting, for use across age levels examined, for utilization with handicapped populations, and is acceptable when rating behavior in different settings or when the raters are different from one rating to the next.

Validity: Criterion: supports use with mildly handicapped students. Construct: contrasting group and diagnostic validity were used. Contrasting groups: mildly handicapped (MR/LD/ED) versus normal. Diagnostic: mildly handicapped (MR/LD/ED) versus normal.

Suicide Probability Scale (SPS)

Authors: John G. Cull and Wayne S. Gill
Date: 1982
Age range: Adolescents and adults
Administration time: 20 minutes
Available from: Western Psychological Services, Publishers and Distributors, 12031 Wilshire Boulevard, Los Angeles, CA 90025

Description: SPS measures an individual's self reported attitudes and behaviors which have a bearing on suicide risk. It can be used routinely as a screening instrument in high risk settings in conjunction with other methods of assessing suicide potential. SPS can also be used to monitor changes in suicide potential over time or as a research tool.

SPS is a 36 item, self report measure. Individuals are asked to rate the frequency of their subjective experiences and past behaviors using a four point Likert scale ranging from "none or a little of the time," to "most or all of the time." An overall assessment of suicide risk is reflected in three summary scores: a total weighted score, a normalized T score, and a suicide probability score. SPS also provides four clinical subscales: hopelessness, suicide ideation, negative self evaluation, and hostility.

SPS asks for identifying information, including selected sociodemographic risk factors and the client's self report of major stresses or upsets in the last two years. Another section is intended for use by the person administering the test. It includes additional rating categories for psychosocial stressors (nature, date, and severity) and a previous history of suicide attempts (method, date, and seriousness).

Norms: [illegible] individuals ([illegible] males and [illegible] females) were selected at random from the general population of adolescents and adults in the San Antonio, Texas area.

Reliability: The internal consistency of the total scale ([illegible]), and the [illegible] ([illegible]) and [illegible] ([illegible]) subscales appears adequate, but the [illegible] ([illegible]) and [illegible] ([illegible]) subscales are significantly lower. Test-retest reliability is reported for the total score ([illegible] days, [illegible]) but not for subscales or for clinical subpopulations. Data are not reported on the sensitivity of the SPS to suicidal crises, as would be required by the underlying construct. The four scale structure of the SPS is not supported by factor analysis or interscale correlations.

Validity: No data. The authors acknowledged that the SPS is susceptible to conscious and unconscious distortion, in that respondents may give socially desirable answers.

Tennessee Self Concept Scale (TSCS)

Author: William H. Fitts
Date: 1964-65
Age range: 12 years and older (at least 6th grade reading level)
Administration time: 10-20 minutes
Available from: Counselor Recordings and Tests, Box 6184, Acklen Station, Nashville, TN 37212

Description: The TSCS is an instrument to measure the self-concept which is simple for the subject to understand, widely applicable, well standardized, and multidimensional in its description of the self-concept. The scale is made up of 100 self-descriptive statements which the subject uses to portray his own picture. The TSCS can be administered to groups or individuals. Persons desiring to use the counseling form should have a guidance certificate or master's degree in guidance and counseling or in psychology. Persons desiring to use the clinical and research form for clinical assessment should have substantial training and supervised experience in the clinical use of tests.

Norms: The broad sample of 626 people does not reflect the population as a whole. The norms are over-represented in number of college students, white subjects, and persons in the 20-30 year-old age bracket.

Reliability: Data based on test-retest with 60 college students over a two-week period.

Validity: Content validity: unanimous agreement by the judges that each item was classified correctly. Most of the scores of the scale correlate with MMPI scores.

Vineland Social Maturity Scale

Author: [illegible]
Date: [illegible]
Age range: [illegible]
Administration time: [illegible]
Available from: [illegible]

Description: [illegible]

[illegible]

Norms: [illegible]

Reliability: [illegible]

Validity: [illegible]

Walker Problem Behavior Identification Checklist

Author: Hill M. Walker
Date: 1970
Age range: Elementary grades: standardized at Grades 4, 5, and 6
Administration time: 2-5 minutes
Available from: Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, CA 90025

Purpose: To provide a tool in identifying children with behavior problems. It is to be used as a supplement in the total identification process rather than to simply classify children as emotionally disturbed or socially maladjusted.

Materials: Checklist for each teacher contracted.

Standardization: Items were selected from a pool of 300 and weighted as to importance as an emotional handicap. Twenty-one teachers then evaluated all students (534) in grades 4-6. Those students scoring more than one SD above the mean were considered to have potential emotional problems.

Administration: The teacher is regarded as the most qualified rater in using the Walker. However, ratings from other specialists such as counselors, psychologists, and others who work directly with the child may be used for comparative data.

A two-month observation period should precede rating of the child to reduce the possibility that high magnitude yet low frequency behaviors, such as stealing or temper tantrums, will be missed.

The checklist consists of 50 statements concerning child behavior in several areas. The rater circles the number next to the statement if the statement applies to the child. If the statement does not apply, the number is not marked. For example,

- *Comments that no one understands him* 1
- *Does not initiate relationships with other children* 4

The Walker is designed to provide subscores in five areas: acting out, withdrawal, distractibility, disturbed peer relations, and immaturity. The Profile Analysis Chart on the front of the checklist may be used to provide information as to types of intervention needed.

Strengths: The Walker is standardized specifically for upper elementary age pupils, so it addresses behaviors significant to that age. Additionally, it focuses on the withdrawn and immature child, as well as acting out behaviors. It may be used by school personnel other than the classroom teacher, and thus provides a more complete profile of the child in several school settings. Because of the weighting of statements, the severely disturbed child may be more readily identified.

Limitations: Because of the initial appearance of complexity, the ED teacher should give careful instructions to the classroom teacher. If possible, more than one teacher should be requested to fill out the form. This will help eliminate possible bias on the part of the classroom teacher. Since there is no indicator of the teacher's rapport with the student, the ED teacher should interview the teacher carefully to substantiate information.

Sample M-Team Reports and Corresponding IEPs

Overview—page 104
Sample Report—Elementary Level—page 104
Sample Report—Secondary Level—page 129

The purpose of diagnosis is to search out uniqueness and not to categorize . . . . When we have assembled enough significant valid diagnostic information about a youngster and his situation, we can make predictions and we can assume some wisdom about interventions.

—William C. Morse
1974

Overview

The following M-Team reports and IEPs are actual edited material from emotionally disturbed children's files in Wisconsin developed **prior** to PI 11 rule revisions of 1990. Consequently, the reader will notice the differences in formats between the reports, and contents of M-Team reports which vary from current state rules. The samples did correspond to rule requirements at the time they were written. This guide will be updated with sample M-Team reports and IEPs which meet current rule requirements as the districts obtain proficiency in the new requirements.

All M-Team reports and IEPs must address all data requirements in the current rules to ensure legitimacy of the findings as well as professional and educational integrity.

The M-Team reports, which are included here, not only vary from current rules, but are also not intended to be viewed as models or paragons. They are, however, samples of actual data gathered prior to 1990 on identified emotionally disturbed children. As with the included M-Team reports, the IEPs in this document were developed based on previous rule requirements. Consequently, their contents vary from what is currently prescribed in state and federal rules and regulations. Several IEP formats are used in the samples but none of them should be considered a required format, nor should they be viewed as models.

The following actual M-Team reports are paired with their corresponding IEPs. An appropriate IEP defines all the special education and related services required to meet the child's exceptional educational needs which the M-Team identified. The IEP committee should use the M-Team's "conclusions and reasons why the child needs special education" as their basis for developing goals, objectives, and service recommendations. The IEP committee's program design determines how the child will be served; and the ultimate placement is based on the IEPs "specific services needed." This plan must be based on the committee's professional judgment of what services are essential to afford the handicapped child an appropriate program, not on existing limitations of staff, materials, facilities, and so forth.

Sample Report—Elementary Level

The following is a sample report about an elementary-school child, "Matti," who is emotionally disturbed. This sample includes the "M-Team Evaluation Report," the "Individual M-Team Report," and the "Individualized Education Program (IEP)" report.

M-Team Evaluation Report

I. Student Information

		Date of Report	
Student Name **Matti**		Date of Birth	Age **6**
Resident District		Grade **1**	Sex **F**
Current School of Service	Current District of Service		
Parent/Guardian			
Home Address *Street , City, ZIP*			
Home Phone	Work Phone	Case Manager **Mr. Jung**	
Teacher			

Reason for Referral and Suspected Handicap: to determine appropriate educational placement, identified EEN ED at previous school.

☐ Initial Referral
☐ Triennial Evaluation
☐ Evaluate Current Program
☒ Other (explain): transfer EEN student

II. Summary of Evaluations, Parent Input, and Present Performance

Age at which concerns were first noted by parent and/or school: 18 months walking poorly, just beginning to talk.

Developmental, medical, and other significant background information from parent and other sources: Normal birth and early development; walked at 15 months with awkward gait; speech unclear at 18 months; negative behavior and tantrums prevalent prior to two years which became increasingly difficult; at two years mother was very concerned regarding development and behavior.

M-Team Evaluation Report (cont.)

Academic or Readiness: *Include functional performance.*

Reading:

WRAT-K.6

Dallas—Age 4-3 overall.

General Information: 5-6	Language: 4-3
Auditory: 4-3	Motor: 3-9
Visual: 3-9	

Math:

WRAT-K.2

Key Math—below norms (K.5) Overall test performance demonstrated six months; two year delays in academics, but considered low estimate due to interfering behaviors.

Written Expression and Spelling:

Can write first four letters of her name.

Beery Visual Motor Integration—four years four months age level, switched between left and right; tight grip.

Speech and Language:

Overall appearance of low average receptive and expressive language but cannot be documented due to behavioral interference. Oral communication currently delayed in vocabulary concepts and oral expression; meets Speech and Language criteria for a handicapping condition.

Intelligence and Learning Style:

Impression is that of low average cognitive abilities although not substantiated by present test results. Test scores cannot be considered valid due to behavioral and emotional interference.

Fine and Gross Motor Coordination:

No severe deficits seen; however, gait awkward; hopping, throwing, and kicking still awkward; motor ability index 3.4 (4.0 considered average) - considered low indicator of true skills.

Does not use fork consistently; cannot cut with a knife, can dress herself (except for tying shoes).

M-Team Evaluation Report (cont.)

Emotional /Behavioral:

Severe deficits of three to four years in socio-emotional areas: coping, attending, conformity, respect of others, positive interaction with others; severe problem understanding reality and fantasy.

III. Determination of Exceptional Education Needs

A. **Determination of Disability—After examination of the information and substantiating data from individual reports in Section II does the M-Team conclude that this child has a learning, emotional, physical, and/or mental disability.**

☒ Yes ☐ No

B. **Determination of Handicap**

1. **In what specific way does the disability interfere with the child's behavioral and academic functioning in the present school program, home, and community?**

Severe emotional/behavioral problems are interfering with functioning in all environments and currently result in delays in all areas of present school program, including language. Matti is unable to acquire new skills, develop friendships, play appropriately, communicate needs, get needs met.

2. **Does this child meet the criteria for a handicapping condition(s) in PI 11.34?**

☒ Yes ☐ No

3. **If yes, what is/are the specific handicapping condition(s)?**

☐ Learning disability
☒ Emotional disturbance
☒ Speech/language disability
☐ Mental retardation
☐ Physical or medical disability
☐ Hearing impairment
☐ Visual impairment

C. **Determination of Exceptional Education Needs:**

1. **Can all of the child's needs be met within a regular education program?**

☐ Yes ☒ No

If yes, the child does not have exceptional education needs that require placement in an exceptional education program.

M-Team Evaluation Report (cont.)

2. **Do some or all of this child's needs require exceptional education services?**

☒ Yes ☐ No

If yes, this child has exceptional education needs which require placement in an exceptional educational program.

3. **What support services are necessary to the exceptional education program?**

☒ Transportation
☒ Specially Designed Physical Education
☐ Social Work
☒ Special Education Aide
☒ Medical diagnosis
☐ Recreation
☐ Parent Counseling/Training
☐ Occupational Therapy
☐ Physical Therapy
☐ Psychological Services
☐ School Counseling
☐ Audiology
☐ School Health
☐ ____________________

4. **What learning/teaching styles and in-school modifications are necessary?**

a. Matti requires one-to-one instruction via teacher or teacher designee for all academic activities and a highly structured setting for all other school activities. Currently she needs to be closely supervised in large groups such as lunch, recess, music, and physical education. Safety, attending, and behavior problems are more severe in less structured activities.

b. She needs an educational program that emphasizes a reality-based curriculum to help face and deal with her emotional/behavioral problems.

c. She needs a highly structured behavior modification program. Also responds best to a gentle, loving, hands-on approach.

d. Consultation between physical education teacher and classroom teacher regarding gross motor needs and behavioral interventions should be held once a week.

e. One-to-one instruction to develop receptive and expressive language skills, delivered in the classroom setting: vocabulary and concepts, oral expression, improve accuracy in response to "wh" questions and yes/no questions.

f. Restrict Matti's T.V. viewing so that she is not stimulated by mature themes, aggression, and violence. Watch appropriate programs with Matti commenting on the subject, action, consequences, and so forth.

g. Matti will be referred for psychiatric diagnosis.

h. An aide should be assigned to Matti for all activities.

M-Team Evaluation Report (cont.)

IV. Documentation

A. **Were parents in attendance?**

☒ Yes ☐ No

If yes, parent input: Matti's mother attended and was in agreement with findings.

If no, date of parent conference: ____________________

Persons present:

____

____

____

B. **M-Team Members and Observers:** *(Only employees of the district are M-Team members, and each will have a written report of his/her findings.)*

M-Team Members (Names)	Title	Report Submitted
Vern Smith	Speech Pathologist	☒ Yes ☐ No
Carl Jung	Psychologist	☒ Yes ☐ No
Mary Wood	ED Teacher	☒ Yes ☐ No
Eric Erikson	Guidance Counselor	☒ Yes ☐ No
Robert Knight	PE Teacher	☒ Yes ☐ No

M-Team Observers	Relationship/Position
Matti's mother	Guardian

C. **A dissenting report is filed by an M-Team member who does not concur with the M-Team findings and report.**

Dissenting Reports will be filed by: ____________________

D. **Copy of plan given or sent to parents:** ☐ Yes ☐ No Initials __________

E. **Tentative Date of IEP Meeting:** ____________________

Sample Elementary Level

Individual M-Team Report

Speech and Language Report

Student Name	Date of Birth	Age	Grade
Matti		6	

Background Information

Matti resides with her mother and three younger siblings.

Birth and development were reported as normal. Matti's motor skills developed slowly—she walked first at 15 months and at 18 months was very clumsy. Matti spoke her first word at eight months but at 18 months her speech was very unclear.

Matti was evaluated by the Mississippi Retardation Center in May 1985 and was found to need speech therapy. In November 1985 she was tested by Virginia Public Schools and found speech handicapped and emotionally disturbed. From January - June 1986 she received speech services and generic preschool at Virginia Elementary School. In June she was again tested and found EEN emotionally disturbed and speech handicapped. She attended Florida School in 1986-87 and Utah School for the 87-88 school year.

Test Data

9-19-88 Preschool Language Scale
- Auditory Comprehension Age 5-3
- Verbal Ability Age 4 years 10-½ months
- Language Age 5-½

9-19-88 Expressive One Word Vocabulary Test
- Mental Age 5-0
- Intelligent Quotient 90

9-19-88 Boehm Test of Basic Concepts
- 15 of 36 items correct
- 55 percentile for low economic 1st graders
- 15-20 percentile for middle economic 1st graders

9-19-88 Informal Language Sample
- Identified colors, body parts, stated name, birthday, age, followed simple directions.

Individual M-Team Report (cont.)

Speech and Language Report

Discussion

Matti presented herself as a very active child with extremely poor self control. She seemed unable to stop herself from doing what she wanted to do when she wanted to do it and required physical closeness/constraints to restrain her nearly constantly. Matti appeared to be able to attend to only one thing at a time as she seemed unaware of my talking to her while she hummed, looked at a book, or played with toys. Matti tired quickly of tasks (which made formal testing very difficult) and was not compliant with directions to do a few more; however, she responded well to teasing ("ooh, this one's really hard," "Bet you can't . . . . .") rewards ("Do this and you can see what's in the bag") and being my helper ("Could you put this under, over, etc. for me?"). Matti's best responses occurred when I gently held her hands and looked closely into her eyes. At these times Matti sat well, looked right at me, and seemed to comprehend well. When her attention moved, however, it was difficult to re-direct her. Verbal directions alone were seldom effective. Matti became especially uncooperative if the verbal direction was sternly expressed. Also, she seemed to have difficulty responding with the correct answer: she often pointed to the correct item then tried to circle a different one until re-directed physically. When she gave incorrect verbal responses Matti would laugh beyond what was appropriate and was not able to be altered from her response (e.g., your nose is for squeezing). At another time, Matti cried when she was not able to keep some cars. She said she had none and wanted mine. Matti used a natural voice when talking with me but a high pitched unnatural voice to let me know she was mad at me when I put a test item away. When Matti was in the bathroom, she used two voices to hold a conversation with herself.

When Matti tired of an activity, she sometimes tried verbal tactics and physically moving to avoid tasks. These comments and conversations may have been loosely connected to the testing, but over time built on each other and became increasingly bizarre.

Matti did not seem to respect other people's property. She talked about a desire to be bigger so she could steal my cars, spoke of other people stealing things "Cuz they want them" and at the end of the day did take one of my cars and tried to keep it.

Matti's conversations focused on scary or dangerous events: stealing things, police cars chasing cars and crashing, alligators eating people, monsters punching people's eyes out, ghosts scaring people.

Matti's grammar reflected the use of Black English morphology and was considered low average in terms of concepts, vocabulary, semantics, grammar, syntax, and articulation (the /L/ and /R/ sounds were distorted but were considered to be emerging.) During some structured activities Matti, had difficulty expressing herself (telling her teacher what we had done) but at other times she had no trouble (telling what she'd eaten for lunch and what she did at recess). Matti appeared to have holes in her vocabulary development and at times appeared to have word finding problems.

Individual M-Team Report (cont.)

Speech and Language Report

Discussion (cont.)

Results of formal testing should be regarded as low indicators of Matti's skills due to the attention and behavioral difficulties mentioned above. Responses were elicited through much teasing, rewarding, redirecting, and so forth. Matti's overall performance during objective testing on the day I saw her indicated low average receptive and expressive language development, approximately 12-18 months below C.A. Weaknesses were found in number repetition, labeling eight animals in one minute, and distinguishing parts of the day. During an expressive vocabulary test I was impressed with Matti's ability at times to label quickly and accurately as well as give accurate definitions (umbrella: "You put it up to stay dry on a rainy day"). At the same time I was alarmed during the test at the many misperceptions Matti had: a chimney with smoke she thought was ghosts; a train she perceived as a school with lions inside; peanuts she saw as leaves.

Summary

My overall impression of Matti was that of a child who probably has low average receptive and expressive language skills but who is unable to demonstrate her abilities due to emotional/behavioral interference. Contributing weaknesses were seen in auditory attending difficulties, visual misperceptions, and holes in vocabulary and conceptual development. The lags in vocabulary may have been influenced by the degree of environmental stimulation she has experienced.

At this time, Matti does demonstrate a delay in the acquisition of oral communication skills, namely, in vocabulary, concepts, and oral expression. The extent to which Matti's emotional problems are causing the communication difficulty I cannot say. Matti appears to meet eligibility criteria for speech and language programming.

Recommendations

1. One to one instruction for improvement of oral communication skills in the classroom setting.
    - A. Improve vocabulary concepts.
    - B. Improve oral expression (re: past events—movies, breakfast, recess, T.V., etc.)
    - C. Improve accuracy in response to wh- and yes/no questions.
2. Use a gentle, hands-on approach, physically re-directing Matti to activities. Minimize use of stern reprimands as they seemed to result in defiant behavior.
3. Set up reward charts. Matti seemed very motivated by cars, water toys, cheerios, a piano, and other toys and might work for these.
4. Close communication with teacher and entire team working with Matti, as well as Matti's mother.

Evaluator Signature Vera Smith	Title Speech Language Clinician	Date

Individual M-Team Report (cont.)

Psychological Report

Student Name	Date of Birth	Age	Grade
Watti		9	

Reason for Referral

Watti was referred due to academic and behavioral concerns and placement in an ED program at her previous school.

Background Information

School records show that Watti was evaluated at 3 years of age while living in Mississippi and found to need speech therapy. After moving to Wisconsin she was M-Teamed twice and most recently found to need ED and S/L programming. Teacher reports indicate that prior to leaving Utah School, Watti was placed in classes for children with severe emotional disturbance. Previous psychological reports indicated from borderline to average intellectual functioning. Watti has attended several different schools since enrollment in kindergarten.

Evaluation Procedures Utilized

Teacher Interview
Record Review
Bracken Basic Concept Scale
Vineland Social Maturity Scale
McCarthy Scales of Children's Abilities
Children's Apperception Test
Human Figure Drawings

Observation, Test Behavior

Initially Watti was very playful and easily distracted by materials in the room. She would not complete a task without a great amount of encouragement as well as promises of some type of reward after her work was finished. At other times, she would attend and concentrate intently. Her attention was greatest when she enjoyed the activity and then she required little encouragement to stay with a task. Watti did not seem concerned about working diligently in order to perform well, but she would work to receive a prize. It is felt that although she did not demonstrate concentrated effort, current test results may not be an accurate reflection of her true abilities.

Individual IE Team Report (cont.)

Psychological Report

Observation, Test Behavior (cont.)

In addition to needing constant praise, encouragement, and rewards in order to do her work, Matt also responded best to firm and precise directions. At times Matt needed to be physically redirected in order to obtain and maintain her attention. She also needed to have exact limits placed on her behaviors to keep her controlled. Matt demonstrated little self restraint and also did not seem aware at times of the inappropriateness of her behavior.

While Matt was able to engage in meaningful conversation, she often included bizarre and unrealistic stories during interactions. Many stories she obviously conveyed as fantasies, but at times appeared to sincerely relate some fantasies as fact. At times Matt demonstrated periods when she appeared to be in deep concentration (as when viewing cards for projective story telling) and would create elaborate stories intertwined with some actions from fairy tales, some things that may have conceivably happened at home or school, and fantasy. During the course of the evaluation, it was not clear if Matt could truly distinguish fact from fiction.

Current teacher reports also indicate that Matt has difficulty interacting appropriately in classes. She reportedly disturbs other children and frequently bothers others' property. She is not allowed to walk in the halls alone for fear of going somewhere that she shouldn't or just general misbehavior. She also reportedly has real difficulty staying on tasks in a large group. For this reason regular art and physical education have been problems for Matt. There were also concerns reported regarding Matt's safety on the school playground. Matt stated that she has no friends and nobody likes her.

Test Discussion and Analysis

Formal test results of Matt's intellectual abilities are not consistent with other formal and informal data and are not felt to be an accurate estimate of her true abilities at this time. It is felt that previous test results (please see Mississippi and Utah Public Schools data) of borderline to low average abilities may be a good estimate of Matt's current functioning. Informal language observation as well as the Vineland Adaptive Scale suggest average functioning. It is felt that formal test results may be masked by severe emotional deficits as well as low attending skills and general behavior problems.

Observation and projective data suggest that Matt has many more emotional difficulties that significantly limit and interfere with her daily overall functioning. Although Matt appears to have at least low average intellectual abilities, her academic achievement as reported by teachers is significantly lower than expected. While her gross motor skills appear to be delayed, she shows no severe motor deficits. Matt's inattentive and noncompliant behaviors may be factors to be considered but she also appears to have some serious emotional difficulties.

[illegible]

[illegible]

[illegible]

[illegible]

Summary

[illegible]

Recommendations

1. [illegible]

2. [illegible]

3. [illegible]

Individual M-Team Report (cont.)

Psychological Report

Recommendations (cont.)

4. Matti may also benefit from some type of specific plan within the daily curriculum that addresses realistic problem solving. Matti needs guidance in developing appropriate methods of managing daily problem situations.

5. Imaginative stories and television watching should be strictly monitored. Stories that suggest aggressive means of managing situations—including physical aggression and disrespect for human life and/or property—should be eliminated at this time. Socially appropriate social skills should be modeled for Matti in her television viewing as well as her interpersonal interactions.

Evaluator Signature	Title	Date
Carl Jung	School Psychologist	

Individual M-Team Report (cont.)

Emotional Disturbance Report

Student Name	Date of Birth	Age	Grade
Matti		6	

Evaluation Data and Analysis

Background Information

Matti was enrolled in a Generic Early Childhood Program in the Virginia Public School when she was 3.5 years old. Because of behavior problems, Matti was re-evaluated on June 8, 1986. The M-Team determined that Matti had exceptional educational needs in the areas of emotional disturbance and speech and language. At that time, teachers described Matti in the following way:

> Matti is experiencing severe difficulties in behavioral and social areas. Specific areas of concern include poor play skills. Matti rarely initiates play with peers and is often aggressive with peers and adults. She kicks and hits with little or no provocation. Time out is used approximately five times per day with Matti. She often cries when placed in time out. However, her compliance to commands continues to be poor. Also, Matti needs physical direction and eye contact in order to respond. Classroom teacher has also noted that Matti experiences frequent blank outs where she just stares. She can be brought out of these by the teacher.

The M-Team report gave this account of Matti's social/emotional functioning:

> The psychologist noted that evaluation of Matti's socio-emotional functioning indicates that she has difficulty with impulse control and maintenance of attention. She also demonstrates occasional non-compliance and resistance, although with consistent environmental structure and redirection, Matti will comply. Within a large group situation, Matti may have difficulty as she may not receive the adequate structuring that she requires. Observations by a diagnostic teacher from the Programs for the Emotionally Disturbed revealed that Matti was off-task very often, non-compliant, aggressive, impulsive, and distractible. She spent most of her energy in doing what she wanted to do. She often verbalizes "no" and physically resists teacher's directions. When put in time out, Matti usually screams for a few minutes. Also, time out doesn't always eliminate the negative behaviors.

The previous M-Team decision read:

> Matti is a 3-year-11-month-old youngster with intellectual functioning within the borderline to low average limits with higher potential indicated particularly in verbal functioning. Speech/language skills continue to be delayed with respect to Matti's chronological age. Fine and gross motor skills are also delayed. Of major concern at this time is Matti's lack of socio-emotional skills. Matti's short attention span, impulsivity, noncompliance, and aggressiveness as well as lack of ability to relate appropriately with peers in both the home and school settings are all areas of concern.

Individual M-Team Report (cont.)

Emotional Disturbance Report

Background Information (cont.)

In view of the above information, the M-Team is indicating that, at this time, Matti's emotional disability is more predominant than her developmental delays. In addition, Matti continues to display disabilities in the area of speech/language functioning. The M-Team indicates that Matti has handicapping conditions in the areas of emotional disturbance and speech/language functioning and she will require specialized educational programming designed to address her total educational needs.

Test Performance

Test results show that Matti is functioning between 6 months and 2 years below age/grade levels.

Test results:

Wide Range Achievement Test

Reading K.6	(6 month delay)
Math K.2	(10 month delay)

Key Math Diagnostic Test

Below K.5 score

Dallas Preschool Screening

Total Age Score 4-3 (Almost 2 year delay)

Berry Visual Motor Integration

Age Score 4-4 (1 year 9 month delay)

The age score of 4-4 indicates a one year nine month delay. Matti was able to copy a cross, diagonal line, square, horizontal and vertical lines. Her circle, triangle and X were comparable to that of a three-year-old child.

Observations/Interviews

Matti continues to have severe emotional and behavior problems. Matti was to be placed in a severe behavior program in Utah Schools this year; however, the family moved. In the classroom, Matti is highly disruptive, frequently non-compliant, has an extremely short attention span, virtually no independent skills, and is unwilling to sit in her chair and attempt to do schoolwork. When Matti is given a direction, she often yells "No" and does not comply. She frequently leaves her seat to wander around the room, get into other's property, rolls/lays on the floor, and runs and hides under desks. Ignoring her, time outs, rewards/consequences, a firm voice, and physically moving her have all been tried without success. At other times when Matti is given a direction, she just sits and stares and refuses to comply.

Individual M-Team Report (cont.)

Emotional Disturbance Report

Observations/Interviews (cont.)

Matti needs intense one-to-one instruction to try to keep her behavior under control and to teach her. Matti cannot be left alone in an assigned area to work without a teacher or helper next to her to help. She has an extremely short attention span. Many cues are needed to keep her attention (i.e., "Look at me," physically turning her head, holding her hands and sitting and talking very close to her). Matti seems to have a very negative attitude towards school. She says she does not like it and often tells teachers and helpers she hates them. Matti has great difficulty getting started in the morning. She comes in saying, "I don't want to work!" Attempts have been made to give Matti a very short learning activity and upon completion it's followed up by a high interest activity (i.e., puzzles, playdough, game, blocks). This technique to help her get her work done has been very unsuccessful.

In addition to formal tests, informal testing was also done at the readiness levels. Matti was able to name six out of the eight basic colors, name seven of the ten numbers, consistently count to 14 orally and recognize sets 1-10. Matti was able to name a square and a triangle but unable to name a circle and a rectangle. Matti can say the alphabet to the letter L, but can only name 11 capital letters and one small letter.

Testing was done in short intervals over a period of three days. The tests were also administered during various times of the day. Throughout all the testing periods, Matti's attention span was very short. Many cues were given to keep Matti on task including turning her head so that she was looking the right way, holding her hands, and talking very close to her. Matti needed a lot of encouragement to continue to try. She was quick to say, "I don't know." For this reason, it is believed that Matti may know more than what has been indicated.

Matti needs a great amount of supervision wherever she goes. Her hand must be held in the halls or she'll wander into classrooms, slam doors, lay on the floor, and refuse to walk. In the bathroom, she locks herself in and refuses to come out. In the lunchroom, she stands up on the benches and on the playground she must be watched for safety reasons.

At a staffing regarding Matti, the school psychologist shared his perceptions of Matti. He indicated that Matti may not meet MR criteria, however, she does have severe emotional problems. The psychologist said that Matti told stories that were quite bizarre. Matti fantasized a lot and her stories were also aggressive in nature. He indicated that Matti has a total disregard for property/people, is non-compliant, and seems to frustrate everyone. He said that Matti needs to focus on reality, to relate to people and everyday life.

Matti's mother was asked about Matti's behavior at home. She said that she sees many of the same things that were seen at school, however, her behavior seems to have improved. Matti's mother uses time outs at home to help control Matti's behavior. Matti's mother completed a behavior rating scale. She indicated that the following behaviors described Matti: verbally aggressive to parent, doesn't follow rules set by parents, complains about doing chores, doesn't follow directions, is self-centered, seeks parental praise too eagerly, takes orders from parents unwillingly, and is overly sensitive to teasing. The frequency and severity of these behaviors were significantly above the norm for children of Matti's age and were consistent with school observed behaviors.

Individual M-Team Report (cont.)

Emotional Disturbance Report

Summary

Overall, Matti has severe behavior problems and needs intense supervision/instruction to help keep her behavior under control. Matti continues to display severe and frequent inappropriate behaviors in both the school and home which are consistent with the criteria for emotional disturbance. Both her behavior and emotional problems are interfering significantly with her learning, interpersonal relationships, social growth, and family acceptance. Of most serious concern is her occasional loss of touch with reality. This problem should be referred to a psychiatrist for diagnosis.

Goals

- Improve compliance.
- Improve attending skills.
- Begin to follow classroom rules and routine.
- Decrease negative attention seeking behaviors.
- Develop readiness skills.

Strategies

1. Intense one-to-one instruction in all classroom settings, highly supervised in all other settings (i.e., lunchroom, halls, playground).
2. Implement a very intense behavior management program. May need to use primary reinforcers to start. (Do not use exclusionary time-out/ineffective)
3. Movement around the room should be limited. Sterile/unstimulating environment.
4. Appropriate behaviors need to be modeled then practiced.
5. Structure and consistency in and across all settings (home and school) would be very beneficial to Matti.
6. Distractions in and around the room need to be minimal.
7. Behavior should be of primary concern. Academics may need to take on a secondary role initially.
8. Use story telling, puppets, role playing.
9. Use a peer buddy with Matti.

Evaluator Signature **Mary Wood**	Title **E.D. Teacher**	Date

Individual M-Team Report (cont.)

Counselor Report

Student Name	Date of Birth	Age	Grade
Matti		**6**	

Developmental History and Parent Interview

Matti is a six-year-old girl who has been referred because of behavioral and speech/language concerns and placement in an ED program in her previous district. Matti lives with her mother and three younger sisters aged 1.5, 2.5, and 3.5 years old.

Pregnancy and delivery were uneventful. Early developmental milestones were reached within the normal range. Developmental and behavioral concerns became evident between 18 months and two years of age. Her present health, eating habits, and sleeping patterns are reported as all being good. However, she does not use eating utensils consistently.

Matti's mother stated that Matti is developing well socially, being able to play alone as well as having contact with neighborhood children. Motorically she reports her to be clumsy with her hands and to fall and lose balance easily. Emotionally she views her as obedient and happy but impulsive. The child is disciplined with "spankings and punishments. She doesn't like them but behaves better after." Matti's mother also uses time out. Her skills with this procedure were not observed.

Matti has attended four schools (Virginia, January 1986 - June 1986; Florida, 1986-87 school year, Florida, summer school 1987; and Utah, 1987-88 school year) before entering the current school district. While family mobility is an obvious problem in providing a consistent and sequential program for Matti, her attendance was good and her mother was interested and involved in her program.

The family does have contact from a county social worker for homemaking assistance. This person has also been helpful to Matti's mother in demonstrating consistent discipline techniques for Matti and general child nurturing skills.

When Matti's mother takes her into the community, she has problems with her running away, yelling on the bus, and taking items off store shelves. This has curtailed her community mobility. She currently has no local support system since she is new to the community and could profit from assistance to link her to a doctor, church, babysitter, and so forth. I have begun this process with her.

Evaluator Signature	Title	Date
Eric Erikson	**Elem. Guidance Counselor**	

Individual M-Team Report (cont.)

Adaptive Physical Education Evaluation

Student Name	Date of Birth	Age	Grade
Matti		6	

Adaptive Physical Education Evaluation

Matti was given the motor ability test, level II, of the Project Active Developmental and Adapted Physical Education Program. The areas of testing consist of gross body coordination (GBC), balance/postural orientation (BPO), eye hand coordination (EHC), eye hand accuracy (EHA), and eye foot accuracy (EFA). Her test scores can be noted below. Anecdotal remarks may be helpful in understanding and clarifying raw score (RS) figures.

A motor ability index (MAI) score of 40 or below, and/or a single component stanine score of 2 or below are significantly low.

Factor Measured	Stanine Score	MAI
GBC	5	34
BPO	1	
EHC	2	
EHA	3	
EFA	6	

Matti's apparent needs are in the areas of balance/postural orientation and eye hand coordination as noted in chart. Matti worked well in a one on one situation. I noted that she was off task two times during the 40 minute testing period. I managed to bring her back to task in a matter of seconds.

In the mainstream gym program Matti needs to be observed over a longer period of time to see to what extent inappropriate behavior/attention span are affecting her ability to perform. An aide may be necessary for Matti when working in the mainstream program if behavior continues to be a problem.

Evaluator Signature	Title	Date
Robert Knight	**Physical Education Teacher**	

Sample-Elementary Level

Individualized Education Program

I. Student Information

Student Name **Matti**	Date of Birth	Age 6
Resident District	Grade 1	Sex F

Current School of Service	Current District of Service

Parent/Guardian

Home Address *Street , City, ZIP*

Home Phone	Work Phone	Case Manager

Teacher

Program(s)
Emotionally Disturbed and Speech/Language

Level	**Type**
☐ Early Childhood	____ Itinerant
☒ Primary	S/L Resource
☐ Intermediate	____ Self-contained Integrated
☐ Middle	E.D. Self-contained Modified
☐ Junior High	____ Self-contained Complete
☐ Senior High	

Anticipated duration of programming 3 years

Anticipated enrollment date __________

II. Educational Program(s) and Support Services:

Education Program: (EEN Programs, physical education, regular education, vocational education, etc.)	Projected % of Time
Emotionally Disturbed	95%
Speech and Language (2-3 times weekly)	5%
Support Programs: (special transportation, OT, PT, social work, adaptive PE, school counseling, etc.)	
1. *Special Transportation*	NA
2. *Special Education Aide*	80%
3. *Psychiatric Evaluation*	NA

Individualized Education Program (cont.)

III. Present Levels of Performance

(Include functional levels and behavior as well as formal test results)

Academic

WRAT—Reading K.6, Math K.2
Key Math – Below K.5
Berry – VMI 4-4
Dallas Preschool Screening-Total Age Score = 4-3
Functional level – below readiness

Behaviors—short attention span, non-compliant, needs intense one-to-one, severe behavior problems.

Speech and Language—delays in verbal expression, vocabulary, and word finding.

VI. Name and Position of Persons Responsible for IEP Development

Mary Wood	E.D. Teacher
Vern Smith	Speech Clinician

V. Anticipated schedule of follow-up communication between program staff, and with home

Daily report sheets, conferences scheduled monthly, phone calls as needed.

IEP Conference Date: ___________
Record of Attempts to set up IEP conference: ______________________________

VI. Names and Titles of Persons Participating in IEP Conference

Mary Wood	E.D. Teacher
Vern Smith	Speech Clinician
Horace Mann	Principal/Administrative Representative
Ms. M.	Parent

Record dates of subsequent IEP up-date meetings here: ______________________________
____

VII. Goals and Objectives for 1989-90 Begin 9-89; End 6-90

A. **Student Goal I:** Matti will develop Readiness Skills.

1. Name of Person(s) Responsible: Mary Wood, E.D. Teacher

Individualized Education Program (cont.)

2. Goal-based Objectives: *(State performance standards and anticipated level of competence. When completed, add actual level of attainment and date.)*

Objectives	Level Attained	Date
1. Name the 8 basic colors		
2. Name and write number 0 - 10		
3. Sequence numbers 0 - 10		
4. Compare numbers 0 - 10 (more or less)		
5. Recognize square, triangle, circle, rectangle		
6. Count to 20		
7. Recognize penny, nickel, dime		
8. Name all capital and small letters		
9. Say the alphabet		

3. Method of measurement: teacher observation quiz

4. Special Material and Interventions Planned

- Commercial and teacher-made materials
- Concrete objects
- Practice each daily
- Model, practice, and reinforce
- Behavior management program to help keep her behavior under control so that she can learn
- One-to-one instruction as needed
- Aide assistance

B. **Student Goal II:** Matti will decrease her negative attention seeking behaviors.

1. Name of Person(s) Responsible: Mary Wood, E.D. Teacher; Vern Smith, Speech Clinician

2. Goal-based Objectives: *(State performance standards and anticipated level of competence. When completed, add actual level of attainment and date.)*

Performance criteria = 150% of baseline

Objectives	Level Attained	Date
1. Decrease singing and silliness		
2. Decrease rolling and sitting on the floor, hiding from others under the table, running away when called		
3. Decrease sitting silent and refusing to talk/comply as a means to get attention		
4. Work quietly during work periods		

Individualized Education Program (cont.)

3. Method of Measurement: Daily charting of behavior frequencies by aide

4. Special Material and Interventions Planned

- behavior management program utilizing primary reinforcers to begin
- model, practice, reinforce appropriate behaviors
- cues/prompting
- motor thru appropriate behaviors
- daily report sheets
- one to one instruction as needed

C. **Student Goal III:** Marti will improve her compliance skills

1. Name of Person(s) Responsible: Mary Wood, E.D. Teacher; Vera Smith, Speech Clinician

2. Goal-based Objectives: (*State performance standards and anticipated level of competence. When completed, add actual level of attainment and date.*)

Performance Criteria = 100% of baseline behaviors

Objectives	Level Attained	Date
1. Begin to follow simple directions		
2. Decrease saying "No" when a direction is given		
3. Take a time out when told		
4. Begin to follow classroom rules and routines a. Walk in the halls b. Use appropriate bathroom procedures c. Work quietly when needed		
5. Begin to stop inappropriate behaviors when told to		

3. Method of Measurement: charting of behavior frequencies by aide

4. Special Material and Interventions Planned

- behavior management program utilizing primary reinforcers to start
- teach, model, motor thru, practice, and reinforce appropriate behaviors
- behavior report sheets
- cues and prompting
- one to one instruction as needed
- puppets, story telling
- peer buddy

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Individualized Education Program (cont.)

D. **Student Goal IV:** Matt will develop attending skills.

1. Name of Person(s) Responsible: Mary Wood, E.D. Teacher; Vern Smith, Speech Clinician

2. Goal-based Objectives: *(State performance standards and anticipated level of competence. When completed, add actual level of attainment and date.)*

Performance Criteria = 100% of baseline behaviors

Objectives	Level Attained	Date
1. Look at speaker/task when told to		
2. Sit in her seat a. 10 minutes b. 15 minutes		
3. Stay in assigned area		
4. Complete a short assignment a. With a helper b. Independently		
5. Consistently begin an assignment within 5 minutes		
6. Work quietly		
7. Work steadily until assignment is completed		

3. Method of Measurement: Daily charting of behavior frequencies by aide

4. Special Material and Interventions Planned

- behavior management program utilizing primary reinforcers to start
- short assignments, followed up by high interest activities (i.e., puzzles, playdough, books, toys)
- use of a timer to begin and help complete assignments
- one to one instruction as needed
- cuing/prompting
- model, motor thru, practice, reinforce appropriate behaviors, monitor "long stares"
- peer buddy

E. **Student Goal V:** Matt will improve her speech and language skills.

1. Name of Person(s) Responsible: Vern Smith, Speech Clinician; Mary Wood, E.D. Teacher

Individualized Education Program (cont.)

5. Goal Based Objectives: *(State performance standards and anticipated level of competence. When completed, add actual level of attainment and date.)*

Objectives	Level Attained	Date
1. Matt will label all body parts.		
2. Matt will increase labeling of foods, animals, clothing, toys, household items, transportation, school and community helpers.		
3. Matt will demonstrate his understanding of left/right, over/under, beside/between. (More space concepts will be added when these are established.)		
4. Matt will compare and contrast all of the vocabulary in No. 2 by size, color, shape, class, function, or other physical attribute.		
5. Matt will provide appropriate responses to wh-questions (who, what, when, where, what doing, why) and yes/no questions.		
6. Matt will sequence and tell a six-frame story with no visual cues.		
7. Matt will accurately retell a story (he has heard or T.V. program he watched).		
8. Matt will clearly relate something he has recently done.		

6. Method of Measurement:

- "Expressive One Word Vocabulary Test" -- criterion: Mental age 6
- "Boehm Test of Basic Concepts" -- criterion: 40 items correct
- Teacher observation/graph

7. Special Material and Interventions Planned:

- behavior management program with E.D. Teacher -- primary reinforcers
- real household items, cans, bottles, clothing, toys, etc.
- repetition drills
- short teaching sessions -- 10 minutes with a break -- see Chart
- picture and story cards

Sample Report—Secondary Level

The following is a sample report about "Frank," a child at the secondary level who is emotionally disturbed. This sample comprises the "M-Team Evaluation Report," the "Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance," and the "Individualized Education Program (IEP)" report.

M-Team Evaluation Report

Student Name Frank	Date of Birth	Age 17
Resident District	Grade	Sex M
Current School of Service	Current District of Service	
Parent/Guardian		
Home Address Street, City, ZIP		
Home Phone	Work Phone	Case Manager
Teacher		

Suspected handicapping condition as per referral: Emotional Disturbance

Nature of Evaluation: ☐ New ☒ Reevaluation ☐ Review

Previous M-Team, *if any*: *Give date and location* 1 year ago - previous district

Multidisciplinary Team Members

Name	Title
Ms. Cusick	ED Teacher
Mr. Barry	School Psychologist
Mr. Kirk	Shop Teacher (report in, not present)
Dr. Maslow	Clinical Psychologist (not present, but interviewed with ED Teacher)
In Attendance	
Ms. Warner	County Social Worker
Frank and Grandmother	Student and Guardian

M-Team Evaluation Report (cont.)

M-Team Decision Summary

Disability ☒ Yes ☐ No

Disability ☒ Emotional ☐ Learning ☐ Physical ☐ Mental

Handicapping Conditions:

☒ Emotional Disturbance
☐ Learning Disability
☐ Mental Retardation
☐ Physical Disability
☐ Hearing Impairment
☐ Visual Disability
☐ Speech or Language Disability

Need for Exceptional Education Programming ☒ Yes ☐ No

Special Follow-up provisions: Community social worker will meet weekly with ED teacher and group home parent to ensure consistency in program.

Background Information:

Frank has a long history of school difficulty and has been availed of a great number of educational alternative services as well as social services. Frank was reared in a large metropolitan city by a grandmother and attended nine different schools in that public school system before dropping out in tenth grade. Frank's school problems became apparent in the seventh grade at which time he was retained. There does not appear to have been a referral at this juncture, although his grades were reported as below average, his behavior was characterized by noncompliance with limits, gambling, belligerence in the classroom, and classroom disruption. His grandmother was also concerned at this point over his refusal to take baths or change his clothes. It appears, therefore, that the age of onset of Frank's educational handicaps was 13, when he was in seventh grade. Frank was ultimately referred for suspected exceptional educational needs in tenth grade, by his previous school district. At this juncture, Frank was 16-years-old and the behaviors for which he was referred were "dangerous behaviors, not getting along with peers, truancy, and refusal to change attitude." The grandmother reports Frank taking advantage of her, and his inability to get along with peers. Apparently, he was fearful of students his age. A psychological evaluation reported emotional problems of "little guilt or remorse." In tenth grade, his reading and math scores were reported to be at the fourth and fifth grade level. His IQ scores at this point were reported as "Verbal – 80, Performance – 93, Full Scale – 87."

While the previous school district did not place Frank in an exceptional education program, he did have a vocationally oriented program, a half-time program, and a JTPA program. The reported social interventions at this period in Frank's life consisted of a psychological evaluation from the County Mental Health Services.

At this time, Frank resides in a group home as a result of juvenile court action.

M-Team Evaluation Report (cont.)

Summary of Individual Diagnostic Findings:

Pupil Services has had periodic contact with Frank in the past, including clinical interviews, counseling, and personality testing. Their reports characterize Frank as unsociable, possibly psychotic, potentially suicidal, with a loss of efficiency, a possible affect disorder, and depressed.

The social work file contains many reports of poor attitude, complaining, refusing to obey orders, and an inability to get along with others. There is also a report that Frank was on medication at some point for suicidal tendencies.

Frank's current IQ scores are reported as Verbal – 99, Performance – 97, and Full Scale – 99. His academic scores as tested on the Key Math Test reveal a severe deficiency in operations, but good cognition for applications.

Addition – 5.4
Subtraction – 4.8
Multiplication – 4.5
Division – 4.2
Word Problems – 9.5 +

Missing Elements – 9.5 +
Money – 9
Measurement – 5.6
Time – 8.5

During this test Frank concentrated for 45 minutes at a time. There was good rapport with the examiner, although he denied deficiencies, complained, and made excuses throughout the test. There was some indication of distractibility, but not severe. Frank's mathematical strengths lie in reasoning, logic, money, and problem solving. His weaknesses are in the areas of fractions, decimals, subtraction with borrowing and carrying in addition, subtraction with 0's, multiplication facts, two-digit multiplication process, long division facts and processes, and measurement. Recommendations for mathematical instruction include a practical application basis, the use of a calculator, controlling external distractions, oral presentation of material, diagramming mathematical processes, no drills, and use of the problem-solving approach.

Frank's reading tests as measured by the Woodcock Johnson indicate a relative strength. Frank is interested in reading and displays a considerable amount of intellectual curiosity. Scores were as follows:

Letter Identification – 6.2
Word Identification – 9.6
Word Attack – 7.0

Word Comprehension – 4.6
Passage Comprehension – 7.2
Total Reading – 6.6

His visual-motor integration was evaluated and determined to be extremely disorganized with poor planning skills, poor orientation in space, including organizing himself in space. These problems could explain Frank's reluctance to do written school work, which includes organizing tasks typically found in mathematics and written language skills such as grammar, capitalization, and punctuation.

Frank's scores as reported on the WRAT were Spelling 6.2, Reading 7.7, and Math 4.5. He uses sight-word association strategy in spelling, can apply some phonics, and is able to use a dictionary. Functionally, his mathematics is at the third-grade level. Overall, Frank has average intelligence; however, he has some weaknesses in sequencing events. Problem-solving strategy is best when he talks his way through the task.

M-Team Evaluation Report (cont.)

Frank's emotional problems were evaluated through interviews, record reviews, and individual reports. His behaviors were determined to meet criteria for emotional disturbance because they have occurred since he was 13 years old in the school, home, and community, and have been reported as severe, chronic, and frequent. These behaviors include:

(1) An inability to develop or maintain satisfactory interpersonal relationships—few friends, frequent arguments, egocentricity, many conduct reports, unsociable, can't detect teasing from aggression. The severity of these behaviors is documented by Frank's frequent detentions and suspensions; they prevent him from developing appropriate social skills; they alienate and exclude him from normal social interactions and activities; his social development stagnates; he continues to be irresponsible, and possibly dangerous.

(2) Inappropriate affective or behavioral response to what is considered a normal situational condition—loud mouth, inability to ignore teasing/becomes belligerent; poured caustic material down a student's back; potential explosiveness to authorities' orders; affect disorder; overreacts to simple situations; views the world differently from others; strong denial system. These behaviors are considered severe based on Frank's inappropriate responses, continuing detention, his self-isolation, his misperceptions in comparison to other peers regarding social situations, and his lack of appropriate social development.

(3) A general pervasive mood of unhappiness, depression or state of anxiety, no patience or perseverance, sloppy and fast worker, masks depression with happiness, denial, overestimates abilities and makes excuses, tense and excitable, braggadocio. The behaviors are considered severe because they reinforce poor learning strategies, create non-productivity in Frank's behavior on the job and in school, are emotionally stagnating, unrealistic, result in a lack of self-awareness, alienate him from other human beings, increase his frustration, and reinforce his immaturity.

(4) A tendency to develop physical symptoms, pains or fears associated with personal or school problems—previously reported migraine headaches, fearfulness of peers, fear of failure, poor personal hygiene when young. These behaviors are considered severe because they exclude Frank from participating fully in activities and allow him to further withdraw into unrealistic perceptions.

(5) An inability to learn that cannot be explained by intellectual, sensory, or health factors: despite 11 years of school, Frank is only at the fourth and eighth grade achievement level; he won't learn the basics; he refuses to learn things in increments and consequently gets in over his head. His intelligence is average, but his approach to learning is disorganized. He is very interested in reading, but his topics are antisocial. These learning deficits are considered severe because he has very poor job skill development; he has a negative attitude toward learning; his inappropriate defenses cause intellectual stagnation, and his academic skills are regressing. Frank's poor mathematical skills could prevent him from being employed in many occupations.

(6) Extreme withdrawal from social interaction or aggressiveness over an extended period of time, for example, challenging every direction, being verbally aggressive without provocation; avoiding some meals; not being bothered by placement in detention; continually excluding himself from education, jobs, and counseling services by manipulation; taking advantage of situations; and, refusing to do required work. These behaviors are considered severe because basically they

M-Team Evaluation Report (cont.)

prevent Frank from developing into a mature human being, reinforce antisocial behavior, and allow him to continue with socially irresponsible acts.

(7) Inappropriate behaviors of such severity or chronicity causes the child's functioning to significantly vary from students of similar age, ability, educational experiences and opportunities, and adversely affects the student or others in regular or special education programs, for example, drug involvement (cocaine use and dealing); provocative behavior with other students to elicit anger; constant challenging of authority; lack of motivation; and refusal to work at anything. Severity is documented by inducing others to withdraw from society via drugs, inciting people to anger, and refusing to develop intellectual and social capabilities.

While Frank's behavior is a significant problem, he is appealing and a good conversationalist. Any remediation of his difficulties would require his full cooperation and interest in improving himself. At this juncture, he has been a master of avoiding any assistance for his problems or any structure to allow him to develop socially and academically.

Parent/Student Involvement in the M-Team Decision-Making Process:

Frank, his grandmother, and social worker were interviewed on many occasions by the ED teacher, the school psychologist, and the shop teacher. These three M-Team members kept Frank fully apprised of their testing results and interpreted them to him throughout the process. He and his grandmother were present at the M-Team meeting. Frank took exception to some of the M-Team's interpretations of his behaviors, but stated that they were entitled to their opinion. He did not think the team was entirely accurate; however, he agreed to become enrolled in the EEN program and subsequently further discuss the M-Team meeting with the ED teacher and school psychologist. His grandmother who is his legal guardian was in full concurrence.

Justification for M-Team Decision:

Frank's documented behaviors have been occurring apparently since he was 13 years old and have been inhibiting academic growth in essentially all of his school programs. They are of such severity that they inhibit his social/emotional growth, keeping him at a very egocentric psychosocial stage of development. Without remedial development in math, Frank will be handicapped in any vocational area requiring mathematical computation. Further, his writing skills are deficient, although he does communicate in the writing mode. Frank's community behavior has resulted in supervision and out-of-home placement. In the absence of social skill training, it is likely that Frank will continue his antisocial behaviors which will ultimately result in incarceration.

Justification for Special Follow-Up Provisions:

Close communication should be maintained among all professionals working with Frank to ensure that he does not manipulate people in situations to avoid taking responsibility. His community social worker will meet weekly with the ED teacher and group home parent to discuss successes and failures, management techniques, and reinforcement schedules.

M-Team Evaluation Report (cont.)

Student Needs:

Exceptional Education Needs:

1. Small group setting or one-to-one instruction in all curricular areas with a minimum of distractions.
2. Constant confrontation of Frank's manipulative avoidance behavior.
3. Reinforcement to give Frank confidence that he can attend to task and grow academically and socially.
4. Social skills curriculum dealing with an awareness of others, social responsibility, and consequences.
5. Learning alternative methods for problem-solving.
6. Learning to interpret others' behaviors to improve his perception of others' emotions.
7. Staff ignore argumentative and denying behaviors.
8. Staff accept only good quality work and require incremental learning stages.
9. Staff reinforce reading interest by supplying literature in the vein of emotional/social perceptions.
10. Decrease visual and auditory distractions in the learning environment.
11. Ignore irrelevant and distracting comments from Frank.
12. Assist Frank in positioning himself physically with his work task; for example, placement of book, paper, pencil, and so forth.
13. Explain academic tasks verbally and diagram mathematical processes.
14. Discuss all reading material with Frank to ensure his correct social perceptions of events.
15. Encourage Frank to talk his way through problem-solving tasks.
16. Assist Frank in planning of academic activities; for example, sequencing, positioning, or prioritizing.
17. Instruct in mathematics on a practical application basis such as money management and consumerism.
18. Teach Frank the use of a calculator and allow the use of a calculator throughout mathematics applications.
19. Do not use mathematic drills, but rather the problem-solving approach.

Interventions or modifications to be made in regular and vocational programming:

Frank should not be mainstreamed in these programs at this time, due primarily to disinterest, and secondly to an inability to cope which will further reinforce his defeatist attitude. He should become successful with appropriate study skills in the EEN Program prior to any mainstreaming.

Supportive Service Recommendations (psychological, counseling, etc.):

None at this time from the school district. However, Frank is in an outpatient drug treatment program through the county 51 board. His social worker is monitoring this program and will communicate his progress at the weekly meeting.

Annual Goals:

Frank will progress toward acquiring functional behaviors in the following competency areas:

1. Managing family finances
2. Selecting, managing, maintaining a home

M-Team Evaluation Report (cont.)

3. Achieving self-awareness and sexual responsibility
4. Acquiring self-confidence
5. Achieving socially responsible behavior
6. Maintaining good interpersonal relationships
7. Communicating appropriately with others
8. Selecting and planning occupational choices
9. Exhibiting appropriate work habits and behaviors

Sample-Secondary Level

Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance

Corresponds to M-Team of: **Frank**		Age 17	Birthdate
Compiled by: **Ms. Cusick**	Title: **ED Teacher**	Date:	

Outline for ED teacher to review, analyze, and incorporate information from other M-Team members. Procedures for gathering this information are contained in PI-11, Wisconsin Administrative Rule.

Behaviors *List how specific observed or reported behaviors are manifested*	**Environments** *Check where behavior occurs.*			**Severity** *Why is behavior considered severe? Varying from age-mates, interfering, how affecting, etc.*	**Frequency** *How often in a period of time does it occur?*	**Chronicity** *For how long has it been occurring—age of onset?*
	School	**Home**	**Community** *Specify*			
a. An inability to develop or maintain satisfactory interpersonal relationships.						
Few friends	X	X	work	egocentric, preventing appropriate social skills		13 years old reported
Frequent arguments	X	X	work	alienation, exclusion	hourly	1 year
Egocentric (what friends can do for him)		X	work	no social development, selfish, isolating	constantly	always
Many conduct reports, detentions, suspensions	X	X		isolating, dangerous, exclusive	2 times/month	1 year
Unsociable (MMPI)			Clinical report	pathological, dangerous, irresponsible	constantly	reported at 16
Can't detect teasing from aggression	X		Clinical report	dangerous, isolating	daily	1 year

Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance (cont.)

Student: Frank

Behaviors *List how specific observed or reported behaviors are manifested*	**Environments** *Check where behavior occurs.*			**Severity** *Why is behavior considered severe? Varying from age-mates, interfering, how affecting, etc.*	**Frequency** *How often in a period of time does it occur?*	**Chronicity** *For how long has it been occurring—age of onset?*
	School	**Home**	**Community** *Specify*			
b. Inappropriate affective or behavioral response to what is considered a normal situational condition						
Loudmouth	X		work	isolating, fights, detention	1 time/class	3 years
Can't ignore teasing-becomes belligerent	X	X	work	dangerous, discourages friendships	1 time/day	3 years
Poured caustic material down a student's back	X			dangerous, caused hospitalization	1 time	1 year
Potential explosiveness to authority's orders	X		work	others avoid, can't hold job		
"Affect disorder" – MMPI			Clinical report	others avoid, can't hold job, antisocial		point in time eval
Over-reacts to simple situations	X		work	poor communication, isolating, arguments	1 time/day	3 years
Views world differently from others	X		Clinical report	alienation, elicits fear, bad habits		3 years
Denial system	X	X		stagnates social development	daily	3 years

Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance (cont.)

Student: Frank

Behaviors *List how specific observed or reported behaviors are manifested*	**Environments** *Check where behavior occurs*			**Severity** *Why is behavior considered severe? Varying from aggravation, interfering, how affecting, etc.*	**Frequency** *How often in a period of time does it occur?*	**Chronicity** *For how long has it been occurring—age of onset?*
	School	**Home**	**Community** *Specify*			
c. A general pervasive mood of unhappiness, depression or state of anxiety.						
No patience or perseverance	X			stagnation, poor learning strategies, poor grades	1 time/hour	8 years
Sloppy and fast worker	X			unproductive, stagnating, failures	80% time	1 year
Masks depression with happiness	X		Clinical Report	unrealistic, no self awareness, no chance for help	daily	3 years
Denial	X		Clinical Report	stagnation, isolation, alienation		
Overestimates abilities and makes excuses	X		work	no skill development, frustration, failures	3 times/hour	8 years
Tense and excitable	X		Clinical report	inefficient learning, dangerous, upsets environment	80% time	8 years
braggadocio	X	X	work	alienation, unrealistic, immature	1/hour	8 years
d. A tendency to develop physical symptoms, pains or fears associated with personal or school problems						
Previous migraines	X	X		Ineffective learning, absences, avoidance	2 times/month	3 years
Fearful of peers when young—may still be	X			prevented development of peer relations		13 years old
Wouldn't take baths or change clothes		X		alienating		13 years old
Fear of failure	X		JTPA	no motivation to try	3 times/hour	13 years old

Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance (cont.)

Student: Frank

Behaviors *List how specific observed or reported behaviors are manifested*	**Environments** *Check where behavior occurs*			**Severity** *Why is behavior considered severe? Varying from age-mates, interfering, how affecting, etc*	**Frequency** *How often in a period of time does it occur?*	**Chronicity** *For how long has it been occurring—age of onset?*
	School	**Home**	**Community** *Specify*			
e. A profound disorder in communication or socially responsive behavior, e.g., autistic-like.						
Not observed						
f. An inability to learn that cannot be explained by intellectual, sensory or health factors.						
Despite 11 years of school only at 4th-5th grade level	X			lack of daily living skills, average intelligence, regressing	continually	8 years
Won't learn the basic—gets in over his head	X			poor learning strategies, stagnation, failures	continually	8 years
Distractible	X		work (laundry)	no continuity in learning, lack of job skill development, frustration, negative attitude toward learning and work	continually	8 years
Academic Achievement Key Math Test – Operations = 4th gr Applications = 5th gr Measurement = 6th gr Woodcock Reading Test – Word Attack = 7th gr Word/Comp. = 7th gr (Regression from previous score)	X			interferes in job requirements, elicits inappropriate defenses, hampers the development of functional daily living skills		

Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance (cont.)

Student: Frank

Behaviors *List how specific observed or reported behaviors are manifested*	**Environments** *(Mark where behavior occurs)*			**Severity** *Why is behavior considered severe? Varying from aggravating, interfering, how affecting, etc.*	**Frequency** *How often in a period of time does it occur?*	**Chronicity** *For how long has it been occurring—age of onset?*
	School	**Home**	**Community** *Specify*			
5. An inability to learn that cannot be explained by intellectual, sensory or health factors. (cont.)						
Refusal to learn math facts despite adequate intelligence and memory	X			vocational and academic stagnation	continually	9 years
Very interested in reading but topics are antisocial	X	X		increasing antisocial strategies	continually	9 years
Disorganized	X		Clinical report	negative attitude toward learning	continually	9 years
6. Extreme withdrawal from social interaction or aggressiveness over an extended period of time.						
Challenges every direction	X	X	work	creates antagonism	3 times/hour	6 years
Verbally aggressive without provocation	X	X	work	poor social development, enemies	10 times/week	8 years
Avoids some meals	X	X		lack of nurturing friends, unhealthy	3 times/week	2 years
Doesn't mind detention, suspension	X			reinforces isolation and eccentricity — prevents improvement	3 times/month	1 year
Has excluded himself from education, jobs and social services	X		Clinical services, jobs	stagnating, failure ingrained	1 time/month	8 years

Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance (cont.)

Student: Frank

Behaviors (List those specific observed or reported behaviors you are concerned about)	**Environments** (Check observed behavior areas)			**Severity** (Why is behavior rare, abnormal, severe? Varying from age norms, interfering, how affecting, etc.)	**Frequency** (How often is it a problem? How many times a day?)	**Chronicity** (For how long has it been occurring - age of onset)
	School	Home	Community (Specify)			
6. Inappropriate behaviors of such severity or chronicity that the child's functioning significantly varies from children of similar age, ability, educational experiences and opportunities, and adversely affects the child or others in regular or special education programs						
Drug involvement—cocaine dealing, using	✓		✓	illegal; deterioration, social stagnation	?	2 years
Egging students on to anger	✓	✓	job	alienating, provocative	2-3 per week	?
Challenging authority to eliminate self from services	✓		✓	self-defeating/inappropriate power, escalating	2-3 per hour	3 years
Throwing quick remarks at students	✓			affects others	2/day	?
No motivation—not willing to work at anything	✓		jobs	[illegible]	90% of time	3 years

Sample Secondary Level

Individualized Education Program (IEP)

Student Name: [illegible]	Date of Birth:	Age: [illegible]
Address:	Date:	Date of IEP:
School:		Grade:

Persons Attending IEP	Position
1) Ms. [illegible]	IEP Teacher
2) Ms. [illegible]	Administrative Representative
3) [illegible]	Parent
4) [illegible]	Student
5) Ms. [illegible]	County Social Worker
6)	

Amount of Time in Programs

IEP Type and Percent	Regular Education Type and Percent
[illegible]	Vocational
	[illegible]

Supportive and Related Services (Check all that apply)

Transportation	Audiology
Psychological	Physical Therapy
Occupational Therapy	Recreation [illegible]
Assessment(s)	Counseling [illegible]
Medical Diagnosis	School Health
Social Work	Parent Counseling/Training

Individualized Education Program (cont.)

Section I: Present Level of Educational Performance:

Instructional:

Woodcock-Johnson Psycho Education Battery – Part II

Reading Cluster Score	8.2 grade level
Mathematics Cluster Score	5.4 grade level
Written Language Cluster Score	7.8 grade level

Behavioral:

Verbally aggressive
Manipulative
Improved motivation to succeed
Poor decision making skills
Poor social perception/self perception
Drug involvement

Section II: Annual Goals

This student will progress toward acquiring functional behaviors in the following competency areas. *Check the appropriate annual goals.*

☐ 1. Managing family finances
☐ 2. Selecting, managing, maintaining home
☒ 3. Caring for personal needs
☐ 4. Raising children, family living.
☐ 5. Understanding and using community resources
☒ 6. U[illegible]ng recreation and leisure
☐ 7. Nutrition (buying and preparing food)
☐ 8. Getting around community (mobility)
☒ 9. Achieving self awareness/sexual awareness
☐ 10. Acquiring self confidence
☒ 11. Achieving socially responsible behavior
☐ 12. Maintaining good interpersonal relationships
☐ 13. Achieving independence
☐ 14. Achieving problem solving skills/stress management
☐ 15. Communicating adequately and appropriately with others
☒ 16. Understanding alcohol and other drug abuse
☒ 17. Understanding dynamics of abuse/physical and emotional
☐ 18. Knowing and exploring occupational possibilities
☒ 19. Selecting and planning occupational choices
☒ 20. Exhibiting appropriate work habits and behaviors
☐ 21. Obtaining a specific occupational skill
☐ 22. Seeking, securing, and maintaining employment
☒ 23. GED preparation
☒ 24. Using practical math skills
☐ 25. ____________
☐ 26. ____________
☐ 27. ____________
☐ 28. ____________

Individualized Education Program (cont.)

Section III: Specific Educational Services Needed

Goal No.	Special Services	Timeline		Special Media/Materials, Equipment, Interventions & Methods	Performance Criteria	Measurement Method	Individual Implementors
		B	E				
				General Strategies for all staff 1. Small group instruction 2. Minimum of distractions 3. Confrontation of manipulation 4. Praise for progress 5. Interpretation of others behavior 6. Ignoring of argumentations 7. Accept only good work 8. Assist in physical positioning 9. Discuss all reading assignments 10. Do not use math drills			
3	EEN	Sept.	Jan.	One on one counseling dealing with personal hygiene, selected readings	Pride in personal hygiene—pleasant appearance	Teacher observation	Male ED teacher
4	EEN	Sept.	March	Counseling on leisure time—how to use productively	Enrollment in at least one ongoing recreation activity	School extra-curricular listing	Recreation director/ED teacher
9, 11, 12	EEN	Sept.	Jan.	"Lifeworks" on Self Awareness and Understanding Adolescence, also—selected readings on gaining and maintaining personal relationships	85% on post test; decrease in detentions from previous six month period; decrease in argumentative behavior to one time per class period	Lifeworks, discipline record, teacher behavior chart	ED teacher
16, 17	EEN 51 Board	Sept.	May	"Lifeworks"—Drug Abuse and Control; Drug Treatment at Co.	85% on post test; decrease in conversation regarding drugs; decrease in drug use	Lifeworks test; teacher behavior chart; clinical report	ED Teacher 51 Board Drug Counselor
18, 20	EEN	Sept.	Jan.	"Lifeworks"—Job Seeking Skills Units	85% on post test; homework completed; on task in class; will write 2 essays on 2 occupations; will complete job applications	Lifeworks test; teacher behavior chart, grade book	ED teacher
23	EEN consultation with Vo Tech	Sept.	May	Cambridge Series—prepare for GED tests in social studies and science	Practice tests in text—80%; will pass both tests by May	Book tests; Vo Tech administered GED tests	ED teacher, Vo Tech GED tester
24	EEN	Sept.	May	Practical mathematics series; calculator usage; diagramming math problems; problem solving approach—talking through problems	Increase on Key Math test in basic calculations by two years 5, 6, 7, 8	Key Math test	ED teacher

Individualized Education Program (cont.)

Section IV: Short Term Individual Objectives

This student will receive assistance focusing on the following short term individual objectives. (Check specific behaviors and use blank lines at the end if these objectives are developed independently by the implementor. The numbers in parentheses indicate the annual goal, listed on the previous page, under which these behaviors will be used.)

☐ 1. Identify money and make correct change (1)
☐ 2. Budget money wisely (1)
☐ 3. Obtain and use bank and credit services (1)
☐ 4. Keep basic financial records (1)
☐ 5. Calculate and pay taxes (1)

☐ 6. Select adequate housing (2)
☐ 7. Maintain a home (2)
☐ 8. Use basic appliances and tools (2)
☐ 9. Maintain home exterior (2)

☐ 10. Dress appropriately (3)
☒ 11. Exhibit proper grooming and hygiene (3)
☒ 12. Phys. fitness, nutrition, weight control (3)
☐ 13. Common illness prevention and treatment (3)

☐ 14. Prepare for adjustment to marriage (4)
☐ 15. Prepare for raising children (phys. care) (4)
☐ 16. Prepare for raising children (psychol. care) (4)
☐ 17. Practice family safety in home (4)
☐ 18. Explore appropriate parenting techniques and relationships within the family (4)
☐ 19. Single parenting: roles, rights, responsibilities (4)
☐ 20. Divorce issues (4)
☐ 21. Identify community resources for family support (4)

☐ 22. Know basic civil rights (5)
☐ 23. Identify community services: health, education, police, welfare, mental health, legal aid(5)

☐ 24. Participate in group activities (6)
☒ 25. Know activities and community resources (6)
☒ 26. Understand recreational values (6)
☒ 27. Use recreational facilities in community (6)
☒ 28. Plan and choose activities wisely (6)
☐ 29. Plan vacations (6)

☐ 30. Demonstrate appropriate eating habits (7)
☐ 31. Plan balanced meals (7)
☐ 32. Purchase food (7)
☐ 33. Prepare meals (7)
☐ 34. Clean food preparation areas (7)
☐ 35. Store food (7)

☐ 36. Know traffic rules and safety practices (8)
☐ 37. Know various means of transportation (8)
☐ 38. Drive a car (8)

☐ 39. Attain a sense of body (9)
☒ 40. Identify interests and abilities (9)
☒ 41. Identify emotions (9)
☒ 42. Identify needs (9)
☐ 43. Understand physical self (9)
☒ 44. Understand birth control and know myths (9)
☐ 45. Understand sexually transmitted diseases (9)
☐ 46. Understand components of future sex role (9)

☐ 47. Express feelings of worth (10)
☐ 48. Tell how others see him/her (10)
☐ 49. Accept praise (10)
☐ 50. Accept criticism (10)
☐ 51. Develop confidence in self (10)

Individualized Education Program (cont.)

Section IV: Short Term Individual Objectives (continued)

☐ 52. Know character traits needed for acceptance (11)
☒ 53. Know proper behavior in public (11)
☒ 54. Respect for rights and property of others (11)
☒ 55. Respect authority and follow instructions (11)
☒ 56. Recognize personal roles (11)

☒ 57. Know how to listen and respond (12)
☐ 58. Make and maintain friendships (12)
☒ 59. Establish close relationships (12)

☐ 60. Understand impact of behavior on others (13)
☐ 61. Understand self-organization (13)
☐ 62. Develop goal seeking behavior (13)
☐ 63. Strive toward self-actualization (13)

☐ 64. Differentiate bipolar concepts (14)
☐ 65. Understand the need for goals (14)
☐ 66. Look at alternatives (14)
☐ 67. Anticipate consequences (14)
☐ 68. Know where to find good advice (14)
☐ 69. Understand and demonstrate alternative ways of dealing with stress/anxiety (14)

☐ 70. Recognize emergency situations (15)
☐ 71. Read at level needed for future goals (15)
☐ 72. Write at level needed for future goals (15)
☐ 73. Speak adequately for understanding (15)
☐ 74. Understand subtleties of communication (15)
☐ 75. Understand dynamics of aggression (15)

☒ 76. Describe alternatives to drug use (16)
☒ 77. Describe reasons for chemical abuse (16)
☒ 78. Identify treatment programs (16)
☒ 79. Understand effects of drug abuse (16)

☒ 80. Define various types of abuse (17)
☒ 81. Understand physical and emotional neglect (17)
☒ 82. Identify community resources for help (17)

☐ 83. Personal values met through work (18)
☐ 84. Societal values met through work (18)
☐ 85. Remunerative aspects of work (18)
☐ 86. Classification of jobs (18)
☐ 87. Local occupational opportunities (18)
☐ 88. Sources of occupational information (18)

☒ 89. Identify major occupational needs (19)
☐ 90. Identify major occupational interests (19)
☐ 91. Identify occupational aptitudes (19)
☐ 92. Identify job requirements (19)
☒ 93. Make realistic occupational choices (19)

☒ 94. Follow directions (20)
☒ 95. Work with others (20)
☐ 96. Work at a satisfactory rate (20)
☒ 97. Accept supervision (20)
☒ 98. Attend and be punctual (2)
☒ 99. Meet demands for quality work (20)
☒ 100. Demonstrate occupational safety (20)

☐ 101. Search for a job (22)
☐ 102. Apply for a job (22)
☐ 103. Interview for a job (22)
☐ 104. Adjust to competitive standards (22)
☐ 105. Postschool occupational adjustments (22)
☒ 106. GED Prep. Science, Soc. Studies (23)

☒ 107. Budget; buy clothes, food; compute rent (24)
☒ 108. Understand taxes; mortgage (24)
☐ 109. ____________
☐ 110. ____________
☐ 111. ____________
☐ 112. ____________
☐ 113. ____________

Individualized Education Program (cont.)

Section V: Goals and Objectives Rating Form

Directions: Please rate the student according to mastery of each item using the rating key below. Indicate the ratings in the column below the date for the rating period. Use the NR rating for items which cannot be rated. For subcompetencies rated 0 to 1 at the time of the final rating, place a check in the appropriate space in the yes/no column to indicate his/her ability to perform the subcompetency with assistance from the community. For additional information, refer to Donn Brolin's Life Centered Career Education, CEC Publication.

Daily Living Skills

Rating Key: 0 = Not Competent 1 = Partially Competent 2 = Competent NR = Not Rated

To what extent has the student mastered the following subcompetencies:

Subcompetencies								
	Rater	Ms. C						
	Grade Level	10						
	Date	9-88					**Yes**	**No**
Managing Family Finances (1)								
1. Identify money and make correct change		2						
2. Budget money wisely		0						
3. Obtain and use bank and credit services		0						
4. Keep basic financial records		0						
5. Calculate and pay taxes		0						
Selecting, Managing, and Maintaining a Home (2)								
6. Select adequate housing		NR						
7. Maintain a home		NR						
8. Use basic appliances and tools		NR						
9. Maintain home exterior		NR						
Caring for Personal Needs (3)								
10. Dress appropriately		2						
11. Exhibit proper grooming and hygiene		1						
12. Demonstrate knowledge of physical fitness, nutrition, and weight control		1						
13. Demonstrate knowledge of common illness prevention and treatment		NR						

Sample-Secondary Level

Individualized Education Program (cont.)

Daily Living Skills (continued)

Rating Key: 0 = Not Competent 1 = Partially Competent 2 = Competent NR = Not Rated

To what extent has the student mastered the following subcompetencies:

Subcompetencies	Rater	Ms. C						
	Grade Level	10						
	Date	9-88					Yes	No
Raising Children and Enriching Family Living and Understanding Abuse (4)								
14. Prepare for adjustment to marriage		NR						
15. Prepare for raising children (phys. care)		NR						
16. Prepare for raising children (psycho. care)		NR						
17. Practice family safety in home		NR						
18. Explore appropriate parenting techniques and relationships within the family		NR						
19. Single parenting: roles, rights, responsibilities		NR						
20. Divorce issues		NR						
21. Identify community resources for family support		NR						
Understanding and Using Community Resources (5)								
22. Know basic civil rights		NR						
23. Identify community services: health, education, police, welfare, mental health, legal aid		NR						
Utilizing Recreation and Leisure (6)								
24. Participate actively in group activities		0						
25. Know activities and available community resources		1						
26. Understand recreational values		1						
27. Use recreational facilities in community		1						
28. Plan and choose activities wisely		1						
29. Plan vacations		NR						

Individualized Education Program (cont.)

Daily Living Skills (continued)

Rating Key: 0 = Not Competent 1 = Partially Competent 2 = Competent NR = Not Rated

To what extent has the student mastered the following subcompetencies:

Subcompetencies	**Rater**	Ms. C						
	Grade Level	10						
	Date	9-88					**Yes**	**No**
Buying and Preparing Food (Nutrition) (7)								
30. Demonstrate appropriate eating habits		NR						
31. Plan balanced meals		NR						
32. Purchase food		NR						
33. Prepare meals		NR						
34. Clean food preparation areas		NR						
35. Store food		NR						
Getting Around the Community (8)								
36. Demonstrate knowledge of traffic rules and safety practices		NR						
37. Demonstrate knowledge and use of various means of transportation		NR						
38. Drive a car		NR						
Achieving Self-Awareness/Sexual Awareness (9)								
39. Attain a sense of body		NR						
40. Identify interests and abilities		0						
41. Identify emotions		0						
42. Identify needs		0						
43. Understand physical self		NR						
44. Understand birth control and know myths		1						
45. Understand sexually transmitted diseases		NR						
46. Understand components of future sex role		NR						

Individualized Education Program (cont.)

Personal Social Skills

Rating Key: 0 = Not Competent 1 = Partially Competent 2 = Competent NR = Not Rated

To what extent has the student mastered the following subcompetencies:

Subcompetencies	**Rater**	Ms. C						
	Grade Level	10						
	Date	9-88					**Yes**	**No**
Acquiring Self-Confidence (10)								
47. Express feelings of worth		0						
48. Tell how others see him/her		0						
49. Accept praise		1						
50. Accept criticism		0						
51. Develop confidence in self		0						
Achieving Socially Responsible Behavior (11)								
52. Know character traits needed for acceptance		0						
53. Know proper behavior in public		1						
54. Develop respect for the rights and properties of others		1						
55. Recognize authority and follow instructions		1						
56. Recognize personal roles		1						
Maintaining Good Interpersonal Relationships (12)								
57. Know how to listen and respond		1						
58. Know how to make and maintain friendships		0						
59. Know how to establish close relationships		1						
Achieving Independence (13)								
60. Understand impact of behavior on others		0						
61. Understand self-organization		0						
62. Develop goal seeking behavior		0						
63. Strive toward self-actualization		0						

Individualized Education Program (cont.)

Personal Social Skills (continued)

Rating Key: 0 = Not Competent 1 = Partially Competent 2 = Competent NR = Not Rated

To what extent has the student mastered the following subcompetencies:

	Rater	Ms. C						
	Grade Level	10						
Subcompetencies	**Date**	9-88					**Yes**	**No**
Achieving Problem-Solving Skills/Stress Management (14)								
64. Differentiate bipolar concepts		NR						
65. Understand the need for goals		NR						
66. Look at alternatives		NR						
67. Anticipate consequences		NR						
68. Know where to find good advice		NR						
69. Understand and demonstrate alternative ways of dealing with stress/anxiety		NR						
Communicating adequately and appropriately with Others (15)								
70. Recognize emergency situations		NR						
71. Read at level needed for future goals		NR						
72. Write at level needed for future goals		NR						
73. Speak adequately for understanding		NR						
74. Understand subtleties of communication		NR						
75. Understand dynamics of aggression		NR						
Understanding Alcohol and Other Drug Abuse (16)								
76. Describe alternatives to drug use		1						
77. Describe reasons for chemical abuse		1						
78. Identify treatment programs		0						
79. Understand effects of drug abuse		1						

Individualized Education Program (cont.)

Personal Social Skills (continued)

Rating Key: 0 = Not Competent 1 = Partially Competent 2 = Competent NR = Not Rated

To what extent has the student mastered the following subcompetencies:

	Rater	Ms. C						
	Grade Level	10						
Subcompetencies	**Date**	9-88					**Yes**	**No**
Understanding the dynamics of abuse (17)								
80. Define various types of abuse		1						
81. Understand physical and emotional neglect		1						
82. Identify community resources for help		0						
Knowing and Exploring Occupational Possibilities (18)								
83. Identify the personal values met through work		NR						
84. Identify the societal values met through work		NR						
85. Identify the remunerative aspects of work		NR						
86. Understand the classification of jobs into different occupational systems		NR						
87. Identify occupational opportunities available locally		NR						
88. Identify sources of occupational information		NR						
Selecting and Planning Occupational Choices (19)								
89. Identify major occupational needs		1						
90. Identify major occupational interests		0						
91. Identify occupational aptitudes		0						
92. Identify requirements of appropriate and available jobs		1						
93. Make realistic occupational choices		1						

Individualized Education Program (cont.)

Occupational Guidance and Preparation Skills

Rating Key: 0 = Not Competent 1 = Partially Competent 2 = Competent NR = Not Rated

To what extent has the student mastered the following subcompetencies:

	Rater	Ms. C						
	Grade Level	10						
Subcompetencies	**Date**	9-88					**Yes**	**No**
Exhibiting Appropriate Work Habits and Behaviors (20)								
94. Follow directions		1						
95. Work with others		1						
96. Work at a satisfactory rate		1						
97. Accept supervision		1						
98. Recognize the importance of attendance and punctuality		1						
99. Meet demands of quality work		1						
100. Demonstrate occupational safety		1						
Obtaining Specific Occupational Skills (23)								
		NR						
Seeking, Securing, and Maintaining Employment (21)								
101. Search for a job		1						
102. Apply for a job		1						
103. Interview for a job		1						
104. Adjust to competitive standards		1						
105. Postschool occupational adjustments		1						
GED Preparation (24)								
106. Pass Science and Social Studies Test		1						

Individualized Education Program (cont.)

Occupational Guidance and Preparation Skills (continued)

Rating Key: 0 = Not Competent 1 = Partially Competent 2 = Competent NR = Not Rated

To what extent has the student mastered the following subcompetencies:

Subcompetencies	Rater	Ms. C						
	Grade Level	11						
	Date	9-93					Yes	No
Using Practical Math Skills (54)								
107. Budget, buy clothes, food, compute rent		0						
108. Understand taxes, mortgage		0						
(55)								
109								
110								
(56)								
111								
112								
(57)								
113								
114								
(58)								
115								
116								
(59)								
117								
118								
(60)								
119								
120								
(61)								
121								
122								

Appendix

Sample Screening Form—page 150
Sample Observation Form—page 171
Sample Teacher Interview Form—page 179
Sample School Behavior Rating Form—page 207
Sample Early Childhood Behavior Rating Form—page 235
Sample School Intervention Form—page 245
Sample Student Interview Form—page 247
Sample Parent Interview and Questionnaire Form—page 265
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We must not let our responsibility to manage these important bureaucratic tasks distance us too far from our recognition of the real purposes of assessments and interventions: to facilitate the optimal growth of human beings.
—Frank H. Wood
1988

Sample
Screening
Forms

Sample Form 1

Checklist for Educational Screening (This form consists of 2 pages.)

Teacher's Name: ____________________

Class: ____________________

Screening Activities	Completion Date	Comments
1.0 Classroom Screening ☐ 1.1 Identify Matches and Mismatches ☐ 1. Define teacher expectations ☐ 2. Communicate expectations ☐ 3. Review student records ☐ 4. Review exhibited behavior ☐ 1.2 Develop Strategies ☐ 1. Refine and communicate expectations ☐ 2. Analyze exhibited behavior ☐ 3. Determine target behavior ☐ 4. Write instructional objectives to teach desired behavior ☐ 5. Determine strategy ☐ 6. Establish time period ☐ 7. Document outcome ☐ 1.3 Implement Strategies ☐ 1. Modify strategy ☐ 2. Document outcome		
2.0 Decision Point - Mismatch ☐ 1. *Are there students whose behavior doesn't meet teacher expectations?* ☐ Yes ☐ No ☐ 2. *If No, return to Classroom Screening (1.0)* ☐ 3. *If Yes, Continue Screening (3.0)* ☐ 4. Refer if suspect handicapping condition		
3.0 Specific Screening ☐ 3.1 Data gathering: *Complete specific screening work sheet (Sample Form 1a)*		

Sample Form 1

Checklist for Educational Screening (cont.)

Teacher's Name: ____________________

Class: ____________________

Screening Activities	Completion Date	Comments
3.0 Specific Screening (continued) ☐ 3.2 Behavior observation. *Complete Behavior Observation Work sheet* (Sample Form 1b) ☐ 3.3 Individual Conferences *Participants clarify expectations* ☐ 1. Teacher/Teacher ☐ 2. Student/Teacher ☐ 3. Parent/Teacher ☐ 4. Other		
4.0 Decision Point - Mismatch ☐ 1. Is there a mismatch in teacher expectations and student behavior? ☐ Yes ☐ No ☐ 2. Review questions to ask about behavior on Sample Form 1c ☐ 3. Refer if suspect handicapping condition ☐ 4. Return to Classroom Screening (1.0) ☐ 5. Continue screening (5.0)		
5.0 Agreement ☐ 5.1 Group Conference ☐ 1. List participants: ☐ 2. Develop agreement conditions ☐ a. target behavior ☐ b. desired behavior ☐ c. teacher responsibility ☐ d. student responsibility ☐ e. support services/resources ☐ f. time period Begin date: ____________		

Sample Form 1

Checklist for Educational Screening (cont.)

Teacher's Name: ______________________________

Class: ______________________________

Screening Activities	Completion Date	Comments
5.0 Agreement (continued) ☐ 5.2 Implement agreement ☐ 1. Modify conditions ☐ 2. Use *Behavior Observation Worksheet 2* (Sample Form 1d) ☐ 5.3 Monitor agreement ☐ 1. Renew agreement ☐ 2. Modify agreement ☐ 3. Terminate agreement		
6.0 Decision Point - Referral?		
☐ 1. Will you refer the student? ☐ Yes ☐ No ☐ 2. Review questions to ask about behavior on Sample Form 1c ☐ 3. Refer if suspect handicapping conditions ☐ 4. Return to Classroom Screening (1.0) ☐ 5. Continue Screening (7.0)		
7.0 Services		
☐ Determine referral type(s)		
8.0 Document and Refer		
☐ 1. Prepare documentation ☐ 2. Make appropriate referral(s)		
9.0 Follow up		
☐ 1. Continue modifications/ refine student's program		

Sample Form 1a

Specific Screening Worksheet

Staff Member Name		Student Name		
Relationship to Student	Duration of Student Contract _____ mo./yr. to _____ mo./yr.	Grade	Age	Date Completed
Current Academic Functioning		Relevant Cultural Information		

Expectations	Exhibited Behavior	Match	Mismatch	Month of Initial Mismatch	Instances of Appropriate Behavior

Strengths:

Sample Form 1b

Behavior Observation Worksheet

Observe and Record

1 Pre-"Agreement"

Student Name	Age	Observation Time Period _______ mo./day/yr. to _______ mo./day/yr.
Observer Name		Target Behavior (from specific screening worksheet)

Date	Describe Situation	What Did Student Do?	What Did Others Do?	What Happened as a Result?

Behavior Observation Worksheet **1 Pre-"Agreement"**

Strategy	Outcome

Sample Form 1c

Emotional Disturbance Screening Questions

These questions should be asked when making the gross judgments that constitute screening for potential emotional disturbance. They address features of behavior necessary for effective screening. The answers should help differentiate "normal" problems from those that may require further evaluation.

Problem Behavior:

Screening Questions	Notes
1. **Frequency:** How often does the behavior occur?	
2. **Chronicity:** How long has the behavior been occurring?	
3. **Duration:** How long does the episode of behavior last?	
4. **Intensity:** To what degree does the behavior interfere with the ongoing development of the child?	
5. **Circumstances:** Did the circumstances contribute to the problem or explain the behavior as a realistic outcome?	
6. **Appropriateness:** Is the behavior reasonable for the situation?	
7. **Peer Comparison:** Does the behavior compare with the maturity or social level of the class/group?	

Sample Form 1c (p. 2)

Emotional Disturbance Screening Questions

Screening Questions	Notes
8. **Manageability:** Is the behavior easily managed or is it difficult to handle?	
9. **Resistance to Change:** Is the behavior responding to change attempts by the teacher or is it resistant to change by the teacher?	

Problems

Answering the questions on page 1 will assist in differentiating "normal" problems from problems that may require further evaluation. Resolution of a normal developmental problem frequently does not require extensive intervention. Several factors have been identified that are related to these crises.

Problem Analysis	Notes
Situational Stress	
Difficulty in Mastery of Developmental Tasks	
Discrepancies in Sociocultural Expectations	
Uneven Development	

Sample Form 1d

Behavior Observation Worksheet

2 Post-"Agreement"

Observe and Record

Student Name	Age	Observation Time Period ______ mo/day/yr to ______ mo/day/yr
Observer Name		Target Behavior (from Agreement)

Date	Describe Situation	What Did Student Do?	What Did Others Do?	What Happened as a Result?

Sample Form 1c

School Intervention Checklist: Previous Alternatives Attempted

Student's Name	Birthdate
Home School District	Today's Date
School of Attendance	Person Completing Form

Please check and comment on what has been tried with the student. Attach written documentation.

I. Overall Classroom Environment and Management. These are interventions that manipulate general aspects of the individual student's social and/or physical environment.

Technique	Have Tried	Dates	Staff	Result
Placing student at a more appropriate skill and achievement level				
Using teaching approaches that correspond to student's learning style				
Using appropriate age, experience, and interest level materials and activities				
Providing routine schedules of feedback to the student				
Designing special seating or grouping arrangements				
Enforcing and communicating classroom and school rules consistently and fairly				
Establishing clear and meaningful classroom rules				
Providing flexibility in the classroom organization and structure				
Changing or varying the assignment and activity pace				
Modifying attitudes of and expectations for students				
Using classroom mental health/developmental guidance programs, materials, and concepts				

B. Individual Student Management and Programming: Attending to specific student's objectives

Technique(s)	Hours/ Week	Dates	Staff	Result
Changing the student's schedule/assignment				
Moving student to a different school				
Using peers as models or tutors				
Teacher tutoring				
Using building staff as models				
Assigning the student to tutoring or modeling responsibilities				
Planning peer group influence (pressure and support)				
Providing special recognition or acknowledgment				
Removing specific interventions or expectations to assess their effectiveness				
Using "time out" periods in the classroom				
Using study carrel or study area				
Using a positive reinforcement system (tangible, intangible)				
Using a school/home [illegible]				
Assigning student to special responsibilities in the classroom				
Contracting with student				
Principal's intervention				
Pupil services consultation with teacher				
Pupil consultation – building level teams				
Parent conference				
Chapter 1 programming				
[illegible] programming				
Gifted programming				
[illegible] programming				
Detentions				
In-school suspension				
Other: ______ ______ ______				

III. Therapeutic Interventions—designed to change specific personal/social behavior by developing an interpersonal relationship with student.

Technique III	Have Tried	Date(s)	Staff	Result
School counseling and/or psychological services				
School social work services				
Allowing a time and place for student to vent				
Using the fine arts as an expressive outlet and as a impetus for discussion and self revelation				
Relating to the student with an accepting, non judgemental attitude				
Assigning specific social interaction experiences to the student				
Medical/psychiatric services				
County Social Services				
Clinical counseling				
Family therapy				

IV. Interventions which are not recommended and are typically ineffective in improving behavior; but which are commonly used.

Technique IV	Have Tried	Date(s)	Staff	Result
Suspensions				
Grade retentions				
Failing grades				
Incomplete grades				

Sample Observation Forms

Sample Form 2

Observation Appointment Sheet

To:

From:

Re: Classroom Observation of ____________________________

I will be observing the above named student in your classroom because s/he has been referred for suspected exceptional education needs. (EEN)

Date of Observation: ____________________________

Time of Observation: ____________________________

Room Location (*Please notify if changed*): ____________________

In order to make comparative behavioral data, it would be helpful if you could indicate on this sheet by seat location, description, etc., the following students in your class. Students of the same sex, socioeconomic background and same age. Use no names, please.

A **strong** student (academic/behavioral): ____________________

An **average** student: ____________________________

A **low** student: ____________________________

Referred (above) student: ____________________________

Also please note general guidelines for behavior you expect in this class (hand raising, in-seat, quiet talking acceptable, etc.). Thank you for your assistance.

Sample Form 3

Classroom Observation *(This form consists of 3 pages.)*

	Date

Student's Name	Observer	
Teacher	Time of Observation ________ to ________	Grade
School	Subject	

I. Setting:

Teaching Method(s)		Class Size
Student's Seating Arrangement	Grade Level of Instruction Presented	Grade Level of Materials Presented
Teacher Instructional Time	Student Independent Work Time	

Type of Student Evaluation Procedure *Check all that apply:*

☐ Written Tests ☐ Oral Tests ☐ Demonstrations
☐ Role Playing ☐ Other *Specify* ____________________

Student Support Services *Check all that apply:*

☐ Tutor ☐ Peer Tutor ☐ Teacher Help
☐ Parent Helpers ☐ Teacher Aide ☐ Other *Specify* ____________

II. Student Behavior: *Indicate social adjustment level of student by checking column.*

Check one col. per item	Withdrawn	Accepting	Aggressive	Appreciative	Communicative	Other *Specify*
With Teacher						
With Peers						
With Support Person						

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Classroom Observation (cont.)

II. **Student Behavior** (cont.):

Indicate student response to teaching strategies used in the following items. Give particular attention to work time, work completion, start-up time, etc.

Student Response To:

a. One-to-one instruction

b. Verbal instruction

c. Independent work

d. Pencil/paper tasks

e. Small groups

f. Large groups

g. Manipulatives

h. Multimedia

Sample Form 3

Classroom Observation (cont.)

II. **Student Behavior** (cont.):

Classroom assignments:	Completed?	☐ Yes ☐ No	*Indicate quality of work*
Homework:	Completed?	☐ Yes ☐ No	*Indicate quality of work*

Functional Level
Compared to Peers

	Excellent	Good	Average	Poor	Very Poor
Oral Expression	☐	☐	☐	☐	☐
Written Expression	☐	☐	☐	☐	☐
Listening Comprehension	☐	☐	☐	☐	☐
Basic Reading Skills	☐	☐	☐	☐	☐
Reading Comprehension Skills	☐	☐	☐	☐	☐
Mathematics Reasoning	☐	☐	☐	☐	☐
Mathematics Calculation	☐	☐	☐	☐	☐
Spelling	☐	☐	☐	☐	☐
Other Significant Behavior (list)	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐
______________________	☐	☐	☐	☐	☐

Sample Form 4

Classroom Observation–Version 2

Sequence Analysis

Name	School	Grade
Teacher	Subject	Date Length of Observation

Description of Educational Environment	Referred Child's Behavior	Behavior Intervention	Resulting Behavior

Sample
Teacher Interview
Forms

Sample Form 5

Teacher Interview *(This form consists of 3 pages.)*

Student Name	Date of Birth *mo./day/yr.*	Age	Grade
School	Teacher		
Interviewer		Date	

A teacher interview should be part of each diagnostic assessment. It may take place at several points in the evaluation, as the need for further information becomes evident. The following questions may provide a basis for the teacher interview, but should not be considered an exhaustive list.

1. What specific behaviors does the student exhibit which concern you? What do you do when this happens? What does the student do?

2. What does the student do well in the room? What are the best subjects?

3. When are the student's best (and worst) times of day?

4. Are there subject areas when the student is consistently good and/or consistently having problems?

5. Characterize the student's friends. Does the student have many or one or two?

Teacher Interview (cont.)

6. Are the student's interactions with peers and/or adults primarily positive or negative? Describe.

7. Does the student instigate problems, or does the student react to others?

8. What is the student's academic functioning level?

9. On what kinds of assignments does the student finish assigned work?

10. Does the student participate in classroom discussions?

11. Does the student avoid appropriate eye contact?

12. Does the student pay attention in class?

13. How long is the student on the bus? According to principal? According to contractor? Problems?

Sample Form 5

Teacher Interview (cont.)

14. Characterize the parents' interaction with school.

15. What are the typical students' behaviors in your class?

16. Have you considered referring this student?

17. What have you done which (eliminates, assures) that this is not a school related problem?

Sample Form 6

Teacher Interview–Version 2

(This form consists of [illegible] pages.)

	Date of Interview
Name of Referred Child	School
Name of Child's Classroom Teacher	Grade
Name of Person Interviewed	Position
Name of Interviewer	Title/Position
Agency	Address

Purpose of Referral:

A. Intrapersonal Development (emotional)

1. General daily mood of child

2. Describe the child's general feelings toward self

3. How does the child react to criticism?

4. How does the child react to failure?

Sample Form 4

Teacher Interview–Version 2 (cont.)

5. How does the child handle frustration?

6. Can the child be trusted?

7. Child's major strengths

8. Child's major weaknesses

9. How does the child use free time?

10. Does the child often daydream or appear out of touch with reality?

11. Is the child often depressed? What behaviors make you think so?

12. Is the child more outgoing or more to himself?

Teacher Interview - Version 2 (cont.)

B. Interpersonal Development (social)

1. Child's behavior toward teacher

2. How does the child interact with others?

3. Does the child have any friends?

4. Is the child a leader or follower?

5. Does the child behave differently one to one than when interacting with peers?

6. Is the child currently using drugs and/or alcohol? What makes you think so?

7. Does the child act out sexually (provocatively)?

8. How does the child interact with adults?

Teacher Interview–Version 2 (cont.)

C. Physical Development

1. Does the child have any visible handicaps?

2. Is the child's body build average for his/her age?

3. Is the child physically attractive?

4. Has the child age-appropriate gross motor skills?

5. Has the child age-appropriate fine motor skills?

6. Does the child exhibit appropriate physical hygiene?

7. Is the child in need of medical, dental, visual, auditory, orthopedic services?

8. Is the child receiving any medication?

Sample Form 6

Teacher Interview–Version 2 (cont.)

D. Behavior in Classroom (school)

1. Can the child work independently?

2. Does the child show any enthusiasm for school?

3. Does the child follow directions?

4. Does the child complete assignments?

5. Does the child cooperate with the teacher?

6. Describe effective behavior management techniques:

7. Is there a suspected emotional disability?

8. Subjects (activities) child does well in (likes):

Sample Form 6

Teacher Interview–Version 2 (cont.)

9. Subjects (activities) child does poorly in (dislikes):

10. Does the child demonstrate consistent attendance to class and in class?

E. Impressions of Family (home)

1. Does child live at home with natural parents?

2. Are the parents cooperative with school?

3. Are parents supportive of child?

4. Does child express strong like/dislike for home/family?

5. Does child get along well with one or both parents?

6. Is the child suspected of being abused or neglected?

Teacher Interview–Version 2 (cont.)

7. Do the parents appear to be too strict with child?

8. Does either parent overprotect child?

9. Impressions of child's mother:

10. Impressions of child's father:

11. How does child get along with siblings?

12. How does child spend free time at night?

13. Is there a history of mental illness in the family?

F. Community Involvement (community)

1. Does the child have a steady job?

Teacher Interview–Version 2 (cont.)

2. Has the child been involved with the police?

3. Does the child have a police record?

4. Is the child or family receiving any services from the Department of Social Services?

5. Is the child an active member of any church, club, or agency?

G. Overall Impressions of Interviewer

Sample Form 7

Teacher Interview–Version 3

(This form consists of 10 pages.)

Student	Birthdate	Grade Level
School	Referring Teacher	
Subject Matter Area		
Teacher Interviewed	Date of Interview	Length of Interview
Interviewed by	Position/Title	
Location of Interview	Length of Time Student Known by Teacher	

This questionnaire is designed to assist school personnel conducting an interview with a referring teacher in order to better assess the extent to which the student is described by any of the seven characteristics included in the definition of emotionally disturbed. These characteristics are:

a. An inability to learn which cannot be explained by intellectual, sensory, or health factors.
b. An inability to develop or maintain satisfactory interpersonal relationships.
c. Inappropriate affective or behavioral response to what is considered a normal situational condition.
d. A general pervasive mood of unhappiness, depression or state of anxiety.
e. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.
f. A profound disorder in communication or socially responsive behavior.
g. Extreme withdrawal from social interaction or aggressiveness over an extended period of time.

Directions: Behaviors associated with these seven characteristics are listed. Check any of those which describe the student referred. The "Comments" section should be used by the interviewer to provide additional information regarding behaviors which are of greatest concern. Be specific as to the duration, frequency, or intensity of the observed behavior.

☐ **Basic Skills – reading/mathematics/language:**

  ☐ academic regression
  ☐ decline in grades
  ☐ change in skill acquisition
  ☐ change in skill application

Comments:

Sample Form 7

Teacher Interview–Version 3 (cont.)

- ☐ **Short attention span; unable to concentrate:**
  - ☐ shows erratic, flighty behavior
  - ☐ easily distracted
  - ☐ lacks perseverance
  - ☐ daydreams; gets lost in his/her thoughts
  - ☐ does not complete assignments; fails to finish things that are started

Comments:

- ☐ **Unable to retain:**
  - ☐ poor memory
  - ☐ forgets easily

Comments:

- ☐ **Does not complete tasks; careless and disorganized:**
  - ☐ disorderly
  - ☐ unable to sequence
  - ☐ loses or misplaces materials

Comments:

Sample Form 7

Teacher Interview–Version 3 (cont.)

☐ **Does not follow academic directions:**

- ☐ inattentive
- ☐ omits all or parts of things
- ☐ makes many errors

Comments:

☐ **Lacks comprehension of assignments:**

- ☐ tasks at skill level incorrectly completed
- ☐ displays anxiety
- ☐ many wrong or poor responses
- ☐ assignments late or not handed in

Comments:

☐ **Seeks excessive attention:**

- ☐ makes weird noises
- ☐ acts like class clown; shows off
- ☐ seeks excessive praise
- ☐ disrupts others
- ☐ silliness; childishness
- ☐ excessive pouting
- ☐ quarrelsome; argumentative
- ☐ plans and carries out hostile acts
- ☐ bragging; boastful
- ☐ excessive swearing

Comments:

Teacher Interview–Version 3 (cont.)

☐ **Difficulty dealing with authority figures:**

- ☐ resents constructive criticism or advice
- ☐ highly confrontive with those in authority
- ☐ insists on having own way
- ☐ resists rules, structure
- ☐ unreasonable; rigid; unwilling to compromise
- ☐ absences or tardiness due to disciplinary actions

Comments:

☐ **Obsessive - compulsive behavior:**

- ☐ ritualistic, stereotyped actions directed toward meticulous detail
- ☐ constantly erases or recopies
- ☐ excessively strives for perfection
- ☐ cannot accept change of activities out of sequence
- ☐ perseveration; persistently repeats certain acts over and over
- ☐ stores up things he/she does not need
- ☐ overly concerned with neatness or cleanliness

Comments:

☐ **Distorted perception of reality:**

- ☐ magical thinking; believes in ability to influence an event by defying laws of cause and effect
- ☐ excessive fantasizing; imagined thoughts to gratify wishes
- ☐ hallucinating; sees things that are not there
- ☐ disorientation; confusion regarding time, place, identity
- ☐ loose associations; in conversation jumps from one topic to another with no apparent connection
- ☐ misinterprets situations; illogical thinking with erroneous conclusion reached
- ☐ delusions; false belief in spite of contradictory evidence (not including simple denial of guilt)

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Teacher Interview—Version 3 (cont.)

Comments:

☐ **Difficulty understanding and accepting the point of view of another person and then responding appropriately:**

- ☐ feels persecuted and acts as if others are out to get the student
- ☐ repeatedly annoys others; insensitive to the social cues given
- ☐ lacks empathy; insensitive to the feelings of others
- ☐ teases others in a hurtful manner
- ☐ tactless or rude in social interaction
- ☐ cruel or mean to others; a bully
- ☐ does not feel guilt or remorse when such a reaction is appropriate
- ☐ does not show concern for welfare of friends or companions
- ☐ unrealistically fearful or untrusting of others
- ☐ egocentric
- ☐ inability to predict the consequences of his/her actions
- ☐ poor problem solver; cannot develop alternative solutions to social conflicts

Comments:

☐ **Failure to establish a normal degree of affection or bond with others:**

- ☐ difficult time maintaining friendships longer than six months
- ☐ blames or informs on companions
- ☐ does not extend self for others unless immediate advantage is likely
- ☐ isolated; complains of loneliness
- ☐ prefers playing with younger children
- ☐ not liked by age mates
- ☐ lies to companions; cheats at games
- ☐ reluctant to participate in activities with peers
- ☐ jealous of others
- ☐ excessively possessive of the friendship of others
- ☐ substitutes adult company for peer relationships
- ☐ exhibits elective mutism; continuous refusal to talk in almost all social situations, including school (not due to inability to speak or comprehend language or to mental or physical disorder)
- ☐ exhibits selective mutism

Teacher Interview - Version 2 (cont.)

Comments:

☐ **Problems with sexual issues**

- ☐ sexual behavior that is developmentally inappropriate
- ☐ sexual preoccupation
- ☐ provocative behavior
- ☐ conflicts with sexual identity
- ☐ exhibitionism
- ☐ public masturbation

Comments:

☐ **Chronic violation of age-appropriate and reasonable home or school rules**

- ☐ destroys property, either the student's own or others
- ☐ blatantly defiant of classroom and school routine
- ☐ sets fires
- ☐ cruelty toward animals
- ☐ persistent lying
- ☐ impulsively steals objects that are not for immediate use or their intrinsic value

Comments:

☐ **Violent anger reactions (temper tantrums)**

- ☐ disproportionate to the situation
- ☐ explosive, uncontrolled anger
- ☐ unanticipated violence or destruction of property; throws objects
- ☐ easily provoked
- ☐ unplanned physical harm of others

2 3

Teacher Interview - Version 2 (cont.)

Comments:

☐ **Regressive behaviors**

- ☐ thumb sucking
- ☐ clinging and following his/her
- ☐ playing with or carrying toys
- ☐ [illegible] / increased attachment to parent figure
- ☐ infantile speech or mannerisms

Comments:

☐ **Depressed mood or marked loss of pleasure in all, or almost all, usual activities and pastimes**

- ☐ insomnia or hypersomnia
- ☐ low energy level or chronic tiredness
- ☐ feelings of inadequacy, loss of self esteem, or self deprecation
- ☐ decreased effectiveness or productivity at school
- ☐ decreased attention, concentration, or ability to think clearly
- ☐ social withdrawal, isolates self
- ☐ loss of interest or enjoyment of pleasurable activities
- ☐ irritability or excessive anger
- ☐ inability to respond with apparent pleasure to praise or rewards; general unresponsiveness
- ☐ less active or talkative than usual
- ☐ pessimistic attitude toward the future; brooding about past events or feeling sorry for self
- ☐ excessive tearfulness or crying
- ☐ recurrent thoughts of death or suicide
- ☐ loss of appetite, does not eat well
- ☐ pervasive feelings of hopelessness or [illegible]
- ☐ social withdrawal, apathy, or sadness
- ☐ lack of motivation to complete academic tasks

Sample Form 7

Teacher Interview–Version 3 (cont.)

Comments:

☐ **Self aggressive; physical abuse toward self:**

  ☐ deliberately harms self
  ☐ attempts suicide
  ☐ excessive scratching, picking, biting of fingernails
  ☐ takes inordinate risks
  ☐ accident prone; gets hurt a lot
  ☐ has excessive weight gain
  ☐ has excessive weight loss
  ☐ shows change in personal habits

Comments:

☐ **Restless; agitated:**

  ☐ nervous, high strung, or tense
  ☐ always in motion
  ☐ cannot sit still
  ☐ has short attention span
  ☐ acts impulsively without thinking
  ☐ shows a decreased need for sleep
  ☐ laughs inappropriately
  ☐ has difficulty concentrating
  ☐ is excessively anxious
  ☐ has extreme mood swings
  ☐ is a compulsive talker

Comments:

Teacher Interview–Version 3 (cont.)

☐ **Shows excessive anxiety when separated from those to whom child is attached:**

- ☐ unrealistic fear about possible harm befalling major attachment figures or fears they will leave and not return
- ☐ persistent reluctance or refusal to go to school in order to stay with major attachment figure(s) at home
- ☐ persistent reluctance or refusal to go to sleep without being next to major attachment figure or to go to sleep away from home
- ☐ repeated nightmares involving theme of separation
- ☐ complaints of physical symptoms on school days; e.g., stomachaches, headaches
- ☐ difficulty concentrating and attending to work or play when not with a major attachment figure

Comments:

☐ **Generalized and persistent anxiety or worry:**

- ☐ unrealistic worry about future events
- ☐ preoccupation with the appropriateness of the individual's behavior in the past
- ☐ over-concern about competence in a variety of areas, e.g., academic, athletic, social
- ☐ excessive need for reassurance about a variety of situations or events
- ☐ somatic complaints
- ☐ marked self-consciousness or susceptibility to embarrassment or humiliation
- ☐ marked feelings of tension or inability to relax
- ☐ persistent and irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid the stimulus
- ☐ absence or tardiness due to stress-related illness

Comments:

Sample Form 7

Teacher Interview–Version 3 (cont.)

☐ **Self-concept so low as to impair normal functioning:**

- ☐ lacks confidence; insecure; afraid to try new things
- ☐ assumes blame inappropriately when things go wrong
- ☐ shows severe avoidance behavior which interferes with social relationships
- ☐ shows excessive dependency on adults or others
- ☐ shows persistent and excessive shrinking from contact with strangers
- ☐ easily frustrated and upset by failure
- ☐ overwhelmed by new tasks and tries to avoid
- ☐ does not complete routine tasks
- ☐ has persistent feelings of failure

Comments:

Sample Form 8

Teacher Interview–Version 4 *(This form consists of 5 pages.)*

		Date
Teacher Interviewed		
Student	Date of Birth	Grade/Subject
Interviewer	Title	
Teacher's frequency and function of contact with student		

I. Describe Student's Interpersonal Relationships

A. With peers:

B. With authority figures:

C. With family:

II. Describe Any Inappropriate Responses To Normal Situations

A. With peers:

B. With authority figures:

Sample Form 8

Teacher Interview–Version 4 (cont.)

C. With family:

III. Describe How Student Expresses Unhappiness, Depression, Or Anxiety; Is This Mood Chronic?

A. In school:

B. In home:

C. In community:

IV. Describe Any Tendencies To Develop Physical Symptoms, Pains, Or Fears Associated With Personal Or School Problems

A. In school:

B. In home:

C. In community:

Teacher Interview–Version 4 (cont.)

V. Describe Any Communication Disorder Or Disturbance Of Socially Responsive Behavior

A. In school:

B. In home:

C. In community:

VI. Describe Inability To Learn That Can't Be Explained By Intellectual, Sensory, Or Health Factors; What Techniques Have You Used To Assist Learning?

A. In school:

B. In home:

C. In community:

VII. a. Describe Student's Extreme Withdrawal From Social Interaction Over An Extended Period Of Time

1) In school:

Teacher Interview–Version 4 (cont.)

2) In home:

3) In community:

b. Describe Student's Extreme Aggressiveness Over An Extended Period Of Time

1) In school:

2) In home:

3) In community:

VIII. Describe Any Other Severe And Inappropriate Behaviors Which Vary From Peers/Siblings And Adversely Affect The Student Or Others In The Educational Program

Sample Form 8

Teacher Interview–Version 4 (cont.)

IX. Current Academic Achievement Levels (Grade Level Or Percentile)

Test Area	Name of Test	Date of Test	Score(s)
Math			
Reading			
Language			
Writing			
Spelling			
Vocational			

Sample
School Behavior Rating
Forms

Sample Form 9

School Behavior Rating Checklist *(This form consists of 6 pages.)*

Date ____________________

Student Name	Birthdate	Grade
School	Rater's Name	

Listed below are behavioral and/or emotional characteristics which may describe students with emotional disturbance. Please respond to each item that pertains to the student being evaluated. If an item does not pertain, leave the space in front of the item blank. If it is relevant, mark the space with the number 1, 2, or 3 as follows:

Numerical designations indicate **frequency of noticeability** for items listed.

1 = noticed occasionally
2 = noticed frequently
3 = noticed almost constantly

I. Peer/Sibling Relationships

_____ Student is physically aggressive to others.

_____ Student is verbally aggressive to others.

_____ Student is physically/verbally assaulted by others.

_____ Student is negatively influenced by others (involved in drug usage, illegal activities, etc.)

_____ Student is a loner or isolated; seems to have no friends.

_____ Student is very argumentative with peers.

_____ Student plays inappropriately with others.

_____ Student engages in inappropriate sexual activity.

_____ Student instigates inappropriate behavior from others in the classroom.

_____ Student sets self up to get blamed; gets scapegoated.

_____ Other *(Specify)* ____________________

II. Adult Relationships

_____ Student is physically aggressive to teacher.

_____ Student is verbally aggressive to teacher; shows defiance.

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School Behavior Rating Checklist (cont.)

Mark: 1 = noticed occasionally, 2 = noticed frequently, or 3 = noticed almost constantly

_____ Student provokes angry responses from teacher

_____ Student disrupts the classroom

_____ Student appears excessively dependent on teacher

_____ Student engages in power struggles with teacher

_____ Student actively avoids interaction with teacher

_____ Student has excessive need for approval, is perfectionist, overly meticulous

_____ Student appears to lack the need for approval from adults

_____ Other *(Specify)* ______________________________

III. Behavior/Feelings

_____ Student destroys property

_____ Student seeks attention in inappropriate ways (e.g., disruptive behavior, disruptive language)

_____ Student is excessively active

_____ Student refuses to work or participate in learning activities

_____ Student appears self destructive

_____ Student's behavior appears bizarre or weird

_____ Student demonstrates a lack of emotional response

_____ Student has temper tantrums

_____ Student's emotional responses are volatile or highly changeable

_____ Student lies/cheats/steals

_____ Student appears rigid; has difficulty making changes or transitions

_____ Student appears disoriented, "spacey," or daydreams

_____ Student is excessively scattered and disorganized

_____ Student has great difficulty communicating with others

_____ Student seems to lack a sense of self

School Behavior Rating Checklist (cont.)

Mark: 1 = noticed occasionally, 2 = noticed frequently, or 3 = noticed almost constantly

_____ Student can't separate fact from fantasy

_____ Other (Specify) ____________________

IV. Moods/Attitudes

_____ Student is listless and apathetic

_____ Student seems suicidal, mentions suicide

_____ Student appears very pessimistic

_____ Student is excessively withdrawn

_____ Student cries excessively without apparent cause

_____ Student demonstrates hopelessness and despair

_____ Student has difficulty concentrating

_____ Student has a very low activity level

_____ Student denies responsibility for activities

_____ Student feels inadequate; is overly sensitive to perceived slights

_____ Student hides behind hair, jackets, hats, etc.

_____ Student has many physical symptoms (stomach aches, headaches, etc.)

_____ Student appears tired; complains of disturbed sleep, nightmares

_____ Student appears to lack appetite for food

_____ Student appears generally unkempt

_____ Other (Specify) ____________________

V. Physical Symptoms Focus

_____ Student frequently visits the school nurse

_____ Student has weight problem

_____ Student exhibits self mutilating behavior

_____ Student has chronic cold, cough, flu, etc.

_____ Student has nervous habits, nail biting, hair pulling, etc.

School Behavior Rating Checklist (cont.)

Mark: 1 = noticed occasionally, 2 = noticed frequently, or 3 = noticed almost constantly

_____ Accident proneness

_____ Absences or tardiness due to illness

Potentially stress-related illnesses, frequent and/or recurring:

_____ Headaches

_____ Stomach aches

_____ Asthma

_____ Backaches

_____ Chronic anxiety

_____ Fear-related anger

_____ Excessive sleepiness

_____ Hives, rashes, allergies

_____ Ulcers

_____ Migraines

_____ School avoidance or school phobia

Please indicate which situation(s) seem to elicit stress or fear in the student:

S = Stress   F = Fear

_____ Discipline

_____ New situations

_____ New student groups

_____ Authority figures

_____ Taking tests

_____ Physical education class

_____ Other classes

_____ Separation from home (being away from parents)

_____ Speaking before a group

_____ Reading

_____ Writing

_____ Mathematics

_____ Success

_____ Being touched

_____ Music

_____ Recess

_____ Failure

_____ Other: (specify) ______________________

Sample Form 16

School Behavior Rating Checklist: Version 2 ([illegible])

Student Name	Grade	Date
School	Class	Teacher Rater

Directions: The code is used in the Required Column to identify the level of importance of the particular behavior.

Code: 3 = essential 2 = important 1 = helpful 0 = not required

Behaviors	Required (Use Code)	Rarely Meets	Class Standards	
			Below	Meets
Building: general				
Walks in halls				
Appropriate noise level in hall				
Has pass when in hall				
Shows pass when in hall				
Does not open or shout into classrooms or office				
Moves from one room to another within a reasonable time limit				
Appropriate peer interactions – verbal				
– physical				
Responds appropriately to adult-initiated interactions				
Waits quietly in office				
Visits appropriately to building personnel				
Stays in assigned school areas				
Leaves building within reasonable time limit – when instructed				
– when told to leave				
Schedule: general				
Attends regularly				
Knows when to go where – time				
– places				

Sample Form 10

School Behavior Rating Checklist–Version 2 (cont.)

Behaviors	Required *(See Code)*	Rarely Shown	Class Standards	
			Below	Meets
Schedule related (continued):				
Knows which classes to attend –room				
–time				
Attends class on time				
Attends school on time				
Material related:				
Has pencil				
Has colored pencils				
Has notebook				
Has paper				
Has books				
Has miscellaneous materials specific to day's task				
Has completed assignments				
Classroom related:				
Sits in desk				
Raises hand				
Enters room appropriately				
Responds to bell by being in the classroom and attending to teacher				
Appropriate interaction with peers within classroom				
Able to deal with praise appropriately				
Able to deal with criticism appropriately				
Reacts to peer provocation appropriately: –verbal				
–physical				
Reacts appropriately to teacher directives				
Able to deal with teacher expectations for the classroom				
Able to attend to class activity for 55 or ____ minutes				

School Behavior Rating Checklist–Version 2 (cont.)

Behaviors	Required *(See Code)*	Rarely Shown	Class Standards	
			Below	Meets
Classroom-related (continued):				
Treats material with proper care				
Puts material away				
Directs eyes (attention) toward teacher-directed activity				
Listens to lectures				
Listens to discussions				
Participates appropriately in classroom discussions				
Able to copy notes or other information: –from board				
–from overhead				
–from books				
–from miscellaneous sources				
Has appropriate voice level				
Able to work in small group (less than 10)				
Able to work in large group (more than 10)				
Able to work individually				
Able to work with one another				
Able to ask for help when needed				
Leaves room appropriately: –when directed				
–at end of class				
Task-related:				
Asks appropriate questions				
Responds appropriately to questions				
Starts task within reasonable time limit				
Completes task on time				
Remembers assignments as given				

Sample Form 10

School Behavior Rating Checklist–Version 2 (cont.)

Behaviors	Required *(See Code)*	Rarely Shown	Class Standards	
			Below	Meets
Task-related (continued):				
Able to volunteer information appropriately				
Able to deal with grades received				
Does assignments neatly				
Completes assignments as given by teacher				
Is responsible for work missed				
Able to take tests				
Able to use free or unstructured time well				
Hands in completed work				

Additional comments regarding student's performance in class:

Sample Form 11

School Behavior Rating Checklist–Version 3 *(This form consists of 5 pages.)*

Periodicity

Student	Age	Sex ☐ M ☐ F
Building/District	Grade and/or Course	Date
Name of person completing checklist: *Check one* ☐ Parent ☐ Teacher ☐ Principal ☐ Counselor		
Setting where behavior occurred:		
How long have you known this student?		

Note: Please fill out this checklist **independently**, *rather than conferring with others as we need your reaction to the particular student. This will help us determine the needs that exist. Rate only those behaviors you have observed.*

Directions: It is recommended (1) first go through checklist and indicate frequency for each behavior, (2) then go through checklist and indicate chronicity for each behavior.* Please rate both frequency and chronicity.

Frequency: *1 = Never; 2 = Monthly; 3 = Weekly; 4 = Daily; 5 = Hourly*

Chronicity: *1 = Less than a month; 2 = One month; 3 = Six months; 4 = One year; 5 = Over a year*

A. An inability to develop or maintain satisfactory interpersonal relationships

Frequency		Chronicity
1 2 3 4 5 ..	Chooses younger friends	1 2 3 4 5
1 2 3 4 5 ..	Chooses older friends	1 2 3 4 5
1 2 3 4 5 ..	Changes friends	1 2 3 4 5
1 2 3 4 5 ..	Avoids participation with others	1 2 3 4 5
1 2 3 4 5 ..	Plays alone	1 2 3 4 5
1 2 3 4 5 ..	Demonstrates an inability to share	1 2 3 4 5
1 2 3 4 5 ..	Verbally hurts others during interactions	1 2 3 4 5
1 2 3 4 5 ..	Physically hurts others during interactions	1 2 3 4 5
1 2 3 4 5 ..	Sets self up for verbal abuse	1 2 3 4 5

Sample Form 11

School Behavior Rating Checklist–Version 3 (cont.)

Frequency: *1 = Never; 2 = Monthly; 3 = Weekly; 4 = Daily; 5 = Hourly*

Chronicity: *1 = Less than a month; 2 = One month; 3 = Six months; 4 = One year; 5 = Over a year*

Frequency						**Chronicity**				
1	2	3	4	5	Sets self up for physical abuse	1	1	3	4	5
1	2	3	4	5	Tattles	1	2	3	4	5
1	2	3	4	5	Has an over-attachment to adult authority figure	1	2	3	4	5
					B. Inappropriate affective or behavioral response to what is considered a normal situation					
1	2	3	4	5	Is verbally disruptive	1	2	3	4	5
1	2	3	4	5	Is verbally aggressive	1	2	3	4	5
1	2	3	4	5	Uses profanity	1	2	3	4	5
1	2	3	4	5	Makes inappropriate verbalization or noises	1	2	3	4	5
1	2	3	4	5	Cries	1	2	3	4	5
1	2	3	4	5	Denies behavior	1	2	3	4	5
1	2	3	4	5	Blames others for behavior	1	2	3	4	5
1	2	3	4	5	Constantly wanders around room	1	2	3	4	5
1	2	3	4	5	Demonstrates constant motor movement	1	2	3	4	5
1	2	3	4	5	Is physically aggressive	1	2	3	4	5
1	2	3	4	5	Uses inappropriate gestures	1	2	3	4	5
1	2	3	4	5	Has extreme muscle tension	1	2	3	4	5
1	2	3	4	5	Has temper tantrums	1	2	3	4	5
1	2	3	4	5	Has low frustration level	1	2	3	4	5
1	2	3	4	5	Is noncompliant with authority figures	1	2	3	4	5
1	2	3	4	5	Inappropriately seeks attention	1	2	3	4	5
1	2	3	4	5	Is inattentive	1	2	3	4	5
1	2	3	4	5	Is not organized	1	2	3	4	5
1	2	3	4	5	Is tardy	1	2	3	4	5
1	2	3	4	5	Demonstrates truancy	1	2	3	4	5

School Behavior Rating Checklist–Version 3 (cont.)

Frequency: *1 = Never; 2 = Monthly; 3 = Weekly; 4 = Daily; 5 = Hourly*

Chronicity: *1 = Less than a month; 2 = One month; 3 = Six months; 4 = One year; 5 = Over a year*

C. A general mood of unhappiness, depression, or anxiety

Frequency		Chronicity
1 2 3 4 5	Is sad or tearful	1 2 3 4 5
1 2 3 4 5	Is overly fearful	1 2 3 4 5
1 2 3 4 5	Has severe changes of mood	1 2 3 4 5
1 2 3 4 5	Is preoccupied with disaster, death, disease	1 2 3 4 5
1 2 3 4 5	Demonstrates self-blame or self-criticism	1 2 3 4 5
1 2 3 4 5	Has a persistent negative attitude	1 2 3 4 5
1 2 3 4 5	Avoids eye contact	1 2 3 4 5
1 2 3 4 5	Seeks reassurance	1 2 3 4 5
1 2 3 4 5	Has nervous mannerisms	1 2 3 4 5
1 2 3 4 5	Demonstrates an inappropriate sense of humor	1 2 3 4 5

D. A tendency to develop physical symptoms, pains, or fears associated with personal or school problems

1 2 3 4 5	Is ill	1 2 3 4 5
1 2 3 4 5	Seems tired or without energy	1 2 3 4 5
1 2 3 4 5	Talks of being sick or hurt	1 2 3 4 5
1 2 3 4 5	Uses physical complaints to avoid stress situations	1 2 3 4 5
1 2 3 4 5	Goes to bathroom "as an escape"	1 2 3 4 5
1 2 3 4 5	Soils or wets self	1 2 3 4 5
1 2 3 4 5	Has eating disturbance - loss of appetite	1 2 3 4 5
1 2 3 4 5	Has sleeping disturbance	1 2 3 4 5

E. A profound disorder in communication or socially responsive behavior, e.g., autistic-like

1 2 3 4 5	Is self-stimulating	1 2 3 4 5
1 2 3 4 5	Displays involuntary repetitive behavior	1 2 3 4 5

School Behavior Rating Checklist–Version 3 (cont.)

Frequency: *1 = Never; 2 = Monthly; 3 = Weekly; 4 = Daily; 5 = Hourly*

Chronicity: *1 = Less than a month; 2 = One month; 3 = Six months; 4 = One year; 5 = Over a year*

Frequency		Chronicity
1 2 3 4 5	Displays ritualistic behavior	1 2 3 4 5
1 2 3 4 5	Cannot adjust to change in routine	1 2 3 4 5
1 2 3 4 5	Shows emotional outbursts to routine environment	1 2 3 4 5
1 2 3 4 5	Has arrested speech development	1 2 3 4 5
1 2 3 4 5	Has unusual or disconnected language content	1 2 3 4 5
1 2 3 4 5	Is selectively non-verbal	1 2 3 4 5
1 2 3 4 5	Demonstrates no eye contact	1 2 3 4 5
1 2 3 4 5	Does not display feelings	1 2 3 4 5
1 2 3 4 5	Is out of touch with reality	1 2 3 4 5
1 2 3 4 5	Displays inappropriate sexual behavior	1 2 3 4 5

F. An inability to learn that cannot be explained by intellectual, sensory, and/or health factors

1 2 3 4 5	Academic achievement is below potential	1 2 3 4 5
1 2 3 4 5	Displays gradual decline in academic performance	1 2 3 4 5
1 2 3 4 5	Displays sudden decline in academic performance	1 2 3 4 5
1 2 3 4 5	Shows inconsistent academic performance	1 2 3 4 5
1 2 3 4 5	Cannot retain information due to emotional variables	1 2 3 4 5
1 2 3 4 5	Won't, can't, or doesn't complete tasks	1 2 3 4 5

G. Extreme withdrawal from social interaction or aggressiveness over an extended period of time

1 2 3 4 5	Isolates self	1 2 3 4 5
1 2 3 4 5	Daydreams	1 2 3 4 5
1 2 3 4 5	Demonstrates limited eye contact	1 2 3 4 5
1 2 3 4 5	Does not respond to a task	1 2 3 4 5
1 2 3 4 5	Is lethargic	1 2 3 4 5

Sample Form 11

School Behavior Rating Checklist–Version 3 (cont.)

Frequency: *1 = Never; 2 = Monthly; 3 = Weekly; 4 = Daily; 5 = Hourly*

Chronicity: *1 = Less than a month; 2 = One month; 3 = Six months; 4 = One year; 5 = Over a year*

Frequency		**Chronicity**
1 2 3 4 5 ..	Shows little display of any feelings	1 2 3 4 5
1 2 3 4 5 ..	Physically withdraws from touch	1 2 3 4 5
1 2 3 4 5 ..	Is physically resistive	1 2 3 4 5
1 2 3 4 5 ..	Is physically aggressive towards property	1 2 3 4 5
1 2 3 4 5 ..	Is physically aggressive towards others	1 2 3 4 5
1 2 3 4 5 ..	Is physically aggressive towards self	1 2 3 4 5
1 2 3 4 5 ..	Displays suicidal tendencies	1 2 3 4 5

Sample Form 12

School Behavior Rating Checklist–Version 3a *(This form consists of 3 pages.)*

Degree of Severity

Student	Age	Sex ☐ M ☐ F
Building/District	Grade and/or Course	Date

Name of person completing checklist: *Check one* ☐ Parent ☐ Teacher ☐ Principal ☐ Counselor

Setting where behavior occurred:

How long have you known this student?

Note: Please fill out this checklist **independently**, *rather than conferring with others as we need your reaction to the particular student. This will help us determine the needs that exist. Rate only those behaviors you have observed.*

Directions: It is recommended (1) go through checklist and indicate intensity for each behavior, (2) then go through the list again and indicate degree of physical danger for each behavior.

Intensity: *1 = appropriate to the situation; 2 = interferes with self; 3 = interferes with others; 4 = interferes with self and others part of the day; 5 = interferes with self and others throughout the day*

Physical Danger Posed: *1 = not observed; 2 = to self; 3 = to others; 4 = to self and others part of the day; 5 = to self and others throughout the day*

A. An inability to develop or maintain satisfactory interpersonal relationships

Intensity		Physical Danger
1 2 3 4 5 ..	Chooses younger friends	1 2 3 4 5
1 2 3 4 5 ..	Chooses older friends	1 2 3 4 5
1 2 3 4 5 ..	Changes friends	1 2 3 4 5
1 2 3 4 5 ..	Avoids participation with others	1 2 3 4 5
1 2 3 4 5 ..	Plays alone	1 2 3 4 5
1 2 3 4 5 ..	Demonstrates an inability to share	1 2 3 4 5

School Behavior Rating Checklist–Version 3a (cont.)

Intensity: *1 = appropriate to the situation; 2 = interferes with self; 3 = interferes with others; 4 = interferes with self and others part of the day; 5 = interferes with self and others throughout the day*

Physical Danger Posed: *1 = not observed; 2 = to self; 3 = to others; 4 = to self and others part of the day; 5 = to self and others throughout the day*

Intensity		Physical Danger
1 2 3 4 5	Verbally hurts others during interactions	1 2 3 4 5
1 2 3 4 5	Physically hurts others during interactions	1 2 3 4 5
1 2 3 4 5	Sets self up for verbal abuse	1 2 3 4 5
1 2 3 4 5	Sets self up for physical abuse	1 1 3 4 5
1 2 3 4 5	Tattles	1 2 3 4 5
1 2 3 4 5	Has an over-attachment to adult authority figure	1 2 3 4 5

B. Inappropriate affective or behavioral response to what is considered a normal situation

1 2 3 4 5	Is verbally disruptive	1 2 3 4 5
1 2 3 4 5	Is verbally aggressive	1 2 3 4 5
1 2 3 4 5	Uses profanity	1 2 3 4 5
1 2 3 4 5	Makes inappropriate verbalization or noises	1 2 3 4 5
1 2 3 4 5	Cries	1 2 3 4 5
1 2 3 4 5	Denies behavior	1 2 3 4 5
1 2 3 4 5	Blames others for behavior	1 2 3 4 5
1 2 3 4 5	Constantly wanders around room	1 2 3 4 5
1 2 3 4 5	Demonstrates constant motor movement	1 2 3 4 5
1 2 3 4 5	Is physically aggressive	1 2 3 4 5
1 2 3 4 5	Uses inappropriate gestures	1 2 3 4 5
1 2 3 4 5	Has extreme muscle tension	1 2 3 4 5
1 2 3 4 5	Has temper tantrums	1 2 3 4 5
1 2 3 4 5	Has low frustration level	1 2 3 4 5
1 2 3 4 5	Is noncompliant with authority figures	1 2 3 4 5
1 2 3 4 5	Inappropriately seeks attention	1 2 3 4 5

Sample Form 12

School Behavior Rating Checklist–Version 2a (cont.)

Intensity: *1 = appropriate to the situation; 2 = interferes with self; 3 = interferes with others; 4 = interferes with self and others part of the day; 5 = interferes with self and others throughout the day*

Physical Danger Posed: *1 = not observed; 2 = to self; 3 = to others; 4 = to self and others part of the day; 5 = to self and others throughout the day*

Intensity		Physical Danger
1 2 3 4 5	Is not organized	1 2 3 4 5
1 2 3 4 5	Is inattentive	1 2 3 4 5
1 2 3 4 5	Is tardy	1 2 3 4 5
1 2 3 4 5	Demonstrates truancy	1 2 3 4 5

C. A general mood of unhappiness, depression or anxiety

1 2 3 4 5	Is sad or tearful	1 2 3 4 5
1 2 3 4 5	Is overly fearful	1 2 3 4 5
1 2 3 4 5	Has severe changes of mood	1 2 3 4 5
1 2 3 4 5	Is preoccupied with disaster, death, disease	1 2 3 4 5
1 2 3 4 5	Demonstrates self blame or self criticism	1 2 3 4 5
1 2 3 4 5	Has a persistent negative attitude	1 2 3 4 5
1 2 3 4 5	Avoids eye contact	1 2 3 4 5
1 2 3 4 5	Seeks reassurance	1 2 3 4 5
1 2 3 4 5	Has nervous mannerisms	1 2 3 4 5
1 2 3 4 5	Demonstrates an inappropriate sense of humor	1 2 3 4 5

D. A tendency to develop physical symptoms, pains or fears associated with personal or school problems

1 2 3 4 5	Is ill	1 2 3 4 5
1 2 3 4 5	Seems tired or without energy	1 2 3 4 5
1 2 3 4 5	Talks of being sick or hurt	1 2 3 4 5
1 2 3 4 5	Uses physical complaints to avoid stress situations	1 2 3 4 5
1 2 3 4 5	Goes to bathroom "as an escape"	1 2 3 4 5
1 2 3 4 5	Soils or wets self	1 2 3 4 5

School Behavior Rating Checklist–Version 2a (cont.)

Intensity: *1 = appropriate to the situation, 2 = interferes with self, 3 = interferes with others, 4 = interferes with self and others part of the day, 5 = interferes with self and others throughout the day*

Physical Danger Posed: *1 = not observed, 2 = to self, 3 = to others, 4 = to self and others part of the day, 5 = to self and others throughout the day*

Intensity		Physical Danger
1 2 3 4 5	Has eating disturbance—loss of appetite	1 2 3 4 5
1 2 3 4 5	Has sleeping disturbance	1 2 3 4 5

E. A profound disorder in communication or socially responsive behaviors, e.g., autistic-like

1 2 3 4 5	Is self-stimulating	1 2 3 4 5
1 2 3 4 5	Displays involuntary repetitive behavior	1 2 3 4 5
1 2 3 4 5	Displays ritualistic behavior	1 2 3 4 5
1 2 3 4 5	Cannot adjust to change in routine	1 2 3 4 5
1 2 3 4 5	Shows emotional outbursts in routine environment	1 2 3 4 5
1 2 3 4 5	Has arrested speech development	1 2 3 4 5
1 2 3 4 5	Has unusual or disconnected language content	1 2 3 4 5
1 2 3 4 5	Is selectively non-verbal	1 2 3 4 5
1 2 3 4 5	Demonstrates no eye contact	1 2 3 4 5
1 2 3 4 5	Does not display feelings	1 2 3 4 5
1 2 3 4 5	Is out of touch with reality	1 2 3 4 5
1 2 3 4 5	Displays inappropriate sexual behavior	1 2 3 4 5

F. An inability to learn that cannot be explained by: intellectual, sensory, and/or health factors

1 2 3 4 5	Academic achievement is below potential	1 2 3 4 5
1 2 3 4 5	Displays gradual decline in academic performance	1 2 3 4 5
1 2 3 4 5	Displays sudden decline in academic performance	1 2 3 4 5
1 2 3 4 5	Shows inconsistent academic performance	1 2 3 4 5
1 2 3 4 5	Cannot retain information due to emotional variables	1 2 3 4 5
1 2 3 4 5	Won't, can't, or doesn't complete tasks	1 2 3 4 5

School Behavior Rating Checklist–Version 3a (cont.)

Intensity: *1 = appropriate to the situation; 2 = interferes with self; 3 = interferes with others; 4 = interferes with self and others part of the day; 5 = interferes with self and others throughout the day*

Physical Danger Posed: *1 = not observed; 2 = to self; 3 = to others; 4 = to self and others part of the day; 5 = to self and others throughout the day*

G. Extreme withdrawal from social interaction or aggressiveness over an extended period of time

Intensity		Physical Danger
1 2 3 4 5	Isolates self	1 2 3 4 5
1 2 3 4 5	Daydreams	1 2 3 4 5
1 2 3 4 5	Demonstrates limited eye contact	1 2 3 4 5
1 2 3 4 5	Does not respond to a task	1 2 3 4 5
1 2 3 4 5	Is lethargic	1 2 3 4 5
1 2 3 4 5	Shows little display of any feelings	1 2 3 4 5
1 2 3 4 5	Physically withdraws from touch	1 2 3 4 5
1 2 3 4 5	Is physically resistive	1 2 3 4 5
1 2 3 4 5	Is physically aggressive towards property	1 2 3 4 5
1 2 3 4 5	Is physically aggressive towards others	1 2 3 4 5
1 2 3 4 5	Is physically aggressive towards self	1 2 3 4 5
1 2 3 4 5	Displays suicidal tendencies	1 2 3 4 5

Sample Form [illegible]

School Behavior Rating Checklist: Version [illegible] [illegible]

Student	Age	Sex ☐ M ☐ F
Building/District	Grade and/or course	Date
Name of person completing	Position	

Classroom Survival Skills

Behaviors		If No, Describe Common Behavior	Strategies Used To [illegible] Behavior
[illegible] when addressed	☐ Yes ☐ No		
Asks for help	☐ Yes ☐ No		
[illegible] when appropriate	☐ Yes ☐ No		
Brings needed materials to class	☐ Yes ☐ No		
Follows instructions when given	☐ Yes ☐ No		
Completes assignments on time	☐ Yes ☐ No		
Contributes to discussions appropriately	☐ Yes ☐ No		
[illegible]	☐ Yes ☐ No		
[illegible] appropriately	☐ Yes ☐ No		
Ignores distractions	☐ Yes ☐ No		
Makes corrections on an assignment	☐ Yes ☐ No		

[illegible]

Sample Form 13

School Behavior Rating Checklist–Version 4 (cont.)

Classroom Survival Skills

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Decides on something to do	☐ Yes ☐ No		
Sets a goal for oneself	☐ Yes ☐ No		
Works independently	☐ Yes ☐ No		
Raises hand before speaking	☐ Yes ☐ No		
Knows and understands the difference between reporting and tattling.	☐ Yes ☐ No		
Demonstrates the ability to obey school and classroom rules	☐ Yes ☐ No		
Demonstrates the ability to refrain from attention-getting activities or behavior	☐ Yes ☐ No		
Demonstrates on-task behavior	☐ Yes ☐ No		
Maintains appropriate attendance	☐ Yes ☐ No		
Arrives at school and classes on time	☐ Yes ☐ No		
Complies with requests of an authority figure	☐ Yes ☐ No		
Appropriately reads, reports, and role plays before others	☐ Yes ☐ No		

Sample Form 13

School Behavior Rating Checklist–Version 4 (cont.)

Friendship-Making Skills

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Introduces oneself to a stranger	☐ Yes ☐ No		
Introduces one person to another	☐ Yes ☐ No		
Initiates a conversation in a friendly way	☐ Yes ☐ No		
Carries on an appropriate conversation	☐ Yes ☐ No		
Politely ends a conversation at an appropriate time	☐ Yes ☐ No		
Joins in an ongoing activity without disrupting the activity	☐ Yes ☐ No		
Plays a game according to the rules	☐ Yes ☐ No		
Politely asks for a favor from a classmate	☐ Yes ☐ No		
Offers help to others in an appropriate way	☐ Yes ☐ No		
Gives instructions to another person clearly and appropriately	☐ Yes ☐ No		
Compliments others	☐ Yes ☐ No		
Responds appropriately to compliments from others	☐ Yes ☐ No		
Suggests an activity in a friendly way	☐ Yes ☐ No		

Sample Form 13

School Behavior Rating Checklist–Version 4 (cont.)

Friendship-Making Skills

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Shares materials with classmates	☐ Yes ☐ No		
Apologizes to others for wrong-doing	☐ Yes ☐ No		
Attempts to convince others about one's ideas in a diplomatic way	☐ Yes ☐ No		

Dealing with Feelings Skills

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Identifies one's feelings	☐ Yes ☐ No		
Expresses one's feelings appropriately	☐ Yes ☐ No		
Recognizes another's feelings	☐ Yes ☐ No		
Shows understanding of another's feelings	☐ Yes ☐ No		
Expresses concern for another	☐ Yes ☐ No		
Deals with anger appropriately	☐ Yes ☐ No		
Deals with another's anger appropriately	☐ Yes ☐ No		
Deals with fear appropriately	☐ Yes ☐ No		
Rewards self appropriately	☐ Yes ☐ No		
Expresses affection appropriately	☐ Yes ☐ No		

Sample Form 13

School Behavior Rating Checklist–Version 4 (cont.)

Dealing with Stress

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Appropriately deals with boredom	☐ Yes ☐ No		
Decides what caused a problem	☐ Yes ☐ No		
Makes a complaint when necessary	☐ Yes ☐ No		
Answers a complaint appropriately	☐ Yes ☐ No		
Deals with losing in an appropriate manner	☐ Yes ☐ No		
Demonstrates sportsmanship	☐ Yes ☐ No		
Deals with being left out appropriately	☐ Yes ☐ No		
Deals with embarrassment appropriately	☐ Yes ☐ No		
Stands up for a friend when necessary	☐ Yes ☐ No		
Responds appropriately to persuasion	☐ Yes ☐ No		
Accepts mistakes appropriately	☐ Yes ☐ No		
Reacts to failure appropriately	☐ Yes ☐ No		
Accepts being told "no"	☐ Yes ☐ No		

Sample Form 13

School Behavior Rating Checklist–Version 4 (cont.)

Dealing with Stress

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Is able to say "no" when necessary	☐ Yes ☐ No		
Deals with contradictory messages	☐ Yes ☐ No		
Is able to relax	☐ Yes ☐ No		
Is able to get ready for a difficult conversation	☐ Yes ☐ No		
Participates in a difficult conversation	☐ Yes ☐ No		
Deals with group pressure as needed	☐ Yes ☐ No		
Deals with wanting something that is someone else's	☐ Yes ☐ No		
Makes a decision	☐ Yes ☐ No		
Is honest	☐ Yes ☐ No		
Refrains from self-abuse	☐ Yes ☐ No		

Alternatives to Aggression

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Demonstrates self-control when angry	☐ Yes ☐ No		
Politely asks permission in situations that require doing so	☐ Yes ☐ No		
Responds appropriately to teasing	☐ Yes ☐ No		

Sample Form 13

School Behavior Rating Checklist–Version 4 (cont.)

Alternatives to Aggression (Continued)

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Avoids trouble with others	☐ Yes ☐ No		
Stays out of fights	☐ Yes ☐ No		
Stands up for one's rights in a reasonable way	☐ Yes ☐ No		
Demonstrates the ability to problem-solve	☐ Yes ☐ No		
Accepts consequences for wrong-doing	☐ Yes ☐ No		
Deals with an accusation in an appropriate way	☐ Yes ☐ No		
Negotiates and demonstrates the ability to compromise	☐ Yes ☐ No		
Demonstrates respect for buildings, property, and the environment	☐ Yes ☐ No		

Planning Skills

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Decides on something to do	☐ Yes ☐ No		
Decides what caused a problem	☐ Yes ☐ No		
Sets an attainable goal	☐ Yes ☐ No		
Realistically identifies one's abilities	☐ Yes ☐ No		

School Behavior Rating Checklist–Version 4 (cont.)

Planning Skills

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Gathers information from a variety of sources	☐ Yes ☐ No		
Arranges problems in order of their importance	☐ Yes ☐ No		
Makes a decision based on acquired information	☐ Yes ☐ No		
Arranges materials and environment to minimize distractions	☐ Yes ☐ No		
Completes a set goal	☐ Yes ☐ No		

Positive Self-Attitude

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Demonstrates the ability to take pride in completing work to the best of one's ability	☐ Yes ☐ No		
Demonstrates the ability to refrain from following others blindly	☐ Yes ☐ No		
Recognizes individual differences and respects them	☐ Yes ☐ No		
Takes care of one's possessions	☐ Yes ☐ No		
Attempts more challenging tasks	☐ Yes ☐ No		
Makes positive statements about self	☐ Yes ☐ No		

Sample Form 13

School Behavior Rating Checklist–Version 4 (cont.)

Positive Self-Attitude

Behaviors		If No, Describe Contrary Behavior	Strategies Used To Elicit Behavior
Takes care of one's personal appearance	☐ Yes ☐ No		
Recognizes and accepts one's strengths and weaknesses	☐ Yes ☐ No		

Sample
Early Childhood
Behavior Rating
Forms

Sample Form 14

Early Childhood Behavior Rating Checklist *(This form consists of 8 pages.)*

Student	Age	Sex ☐ M ☐ F
Building/District	Grade and/or course	Date
Name of person completing	Title	

Directions: This instrument is a non-standardized screening tool for children from birth to six years of age and covers only the *social* domain of childhood development. The ages listed in the left column are the approximate age when the listed behavior emerges in most children. The checklist can be used to document a possible delay in social skills and for a basis of program planning and progress measurement. It is not a diagnostic tool to determine the existence of emotional disturbance but can be used as part of the compilation of data for M-Team consideration.

Scoring:
- + **The skill is firmly established in the child's repertoire and is displayed functionally and frequently across environments, people, and materials.**
- − **The child does not display the skill consistently, frequently, predictably, and across environments.**

Any skills which are below the child's chronological age should be reviewed by the M-Team to determine their significance and degree of deviation from the norm. Any maladaptive behaviors should be reviewed by the M-Team to determine their severity, chronicity, frequency, and resistance to change. Particular attention should be paid to the environments in which the maladaptive behaviors occur and under what circumstances.

Area: Social Interaction and Affect

Appropriate Behaviors (+ if present consistently, − if not present)

Age	Item	Assessment Dates				Comments
By 2 yr.	Observes adults within environment					
By 2 yr.	Maintains eye contact for appropriate length of time in routine social interactions					
By 2 yr.	Responds to initiations by adults					
By 2 yr.	Initiates interaction with adults in some way					
By 2 yr.	Responds positively to positive affect					

Sample Form 14

Early Childhood Behavior Rating Checklist (cont.)

Area: Social Interaction and Affect (Continued)

Appropriate Behaviors (+ if present consistently, − if not present)

Age	Item	Assessment Dates				Comments
By 2 yr.	Can be soothed, comforted when distressed					
By 2 yr.	Discriminates familiar/unfamiliar adults					
By 2 yr.	Gets attention in a way appropriate for age level					
By 2 yr.	Displays positive emotions in appropriate social context					
By 2 yr.	Displays negative emotions in appropriate social context					
By 2 yr.	Approaches familiar adults					
By 2 yr.	Imitates adults					
By 2 yr.	Engages in interactive (reciprocal) play with adults					
By 2 yr.	Responds appropriately to affectionate physical contact from adult					
By 2 yr.	Initiates displays of affection to adults					
By 2 yr.	Maintains interactions with adults for appropriate length of time					
By 2 yr.	Displays a reasonable compliance (for age level) with requests which are within child's comprehension abilities					
By 2 yr.	Observes peers					
By 2 yr.	Responds appropriately to initiations of interaction by peers					

Early Childhood Behavior Rating Checklist (cont.)

Area: Social Interaction and Affect (Continued)

Appropriate Behaviors (+ if present consistently, – if not present)

Age	Item	Assessment Dates				Comments
By 2 yr.	Imitates peers					
By 2 yr.	Initiates interaction with peers					
By 2 yr.	Discriminates familiar, unfamiliar peers					
By 2 yr.	Approaches familiar peers					
By 2 yr.	Engages in interactive (reciprocal) play with peers					
By 2 yr.	Maintains interactions with peers for an appropriate length of time					

Area: Social Interaction and Affect (Continued)

Maladaptive or Unusual Behaviors (X any which occur consistently)

Age	Item	Assessment Dates				Comments
	Avoids eye contact; fails to maintain eye contact					
	Avoids physical proximity with familiar adults					
	Avoids physical proximity with familiar peers					
	Fails to demonstrate recognition of familiar adults or peers					
	Treats other people as objects					
	Lacks observation of adults					
	Lacks observation of peers					
	Withdraws from or has intense negative reactions to social or physical contact from others					

Early Childhood Behavior Rating Checklist (cont.)

Area: Interaction with Objects and Environment

Appropriate Behaviors (+ if present consistently, – if not present)

Age	Item	Assessment Dates				Comments
By 2 yrs	Initiates interaction with objects					
By 2 yrs	Maintains interaction with objects in environment for appropriate duration of time (for age level)					
By 2 yrs	Interacts with a variety of objects within environment					
By 2 yrs	Explores environment					
18 mos +	Uses objects functionally (after 18 months)					
By 2 yrs	Responds appropriately to changes in the environment					

Area: Interaction with Objects and Environment (Continued)

Maladaptive or Unusual Behaviors (✓ any which occur consistently)

Age	Item	Assessment Dates				Comments
	Continual repetitive actions with objects					
	Persistent nonfunctional use of objects					
	Random, nonpurposeful movement around the environment					
	Lack of exploration of environment (when physically possible)					
	Persistent nonfunctional repetitive actions with body parts (hand flapping, clicking tongue, hand waving, rocking, etc.)					
	Failure to initiate contact with or use objects					

Early Childhood Behavior Rating Checklist (cont.)

Area: Interaction with Objects and Environment

Maladaptive or Unusual Behaviors (Rate which occur consistently)

Age	Item	Occurrence Dates				Comments
	Abuse of objects or environment (deliberate damage)					
	Intense discrimination or overreaction to changes in environment, routines, transitions, interruption of activities, or body position					
	Outbursts of intense emotion for no apparent reason					
	Lack of response to or awareness of changes in environment, routine, etc.					

Area: Social – Interactive Play with Peers

(Behaviors descriptive of child's play skills)

Age	Item	Observation Dates				Comments
18 mo	Plays parallel to, not with, another child					
18 mo	Offers, but does not give up, toy					
18 mo–30 mo	Shows interest in their games, and activities of other children					
[illegible]	Treats other children as objects of exploration (poking, pulling, pushing, etc.)					
[illegible]	Takes turns with other children in complementary interactions (alternating leading and following)					
3 yrs	Shares toys (has difficulty sharing)					
3 yrs	Asserts its rights of possession ("It's mine!")					

Sample Form 14

Early Childhood Behavior Rating Checklist (cont.)

Area: Social – Interactive Play with Peers (Continued)

9 behaviors descriptive of child's play skills

Age	Item	Assessment Dates				Comments
2.6 yr.	Parallel play predominates over cooperative					
2.3 yr (2.0-2.6)	Names possessions of others					
2.6 yr.	Tries to acquire possessions of others; grabs toys from peers					
2.6 yr.	Plays well in groups of no more than 3 children					
2.9 yr. (2.6-2.11)	Observes other children at play and joins in for a few minutes					
2.9 yr. (2.6-2.11)	Uses the same equipment as that used by child playing next to him.					
2.9 yr. (2.6-2.11)	Plays simple group games under adult supervision					
3.0+ yr.	Prefers [illegible] with own sex playma[illegible]					
3.0 yr.	Plays spontaneously with other children; engages in verbal communication					
3.3 yr. (3.1-3.6)	Asks permission to use others' belongings					
3.3 yr. (3.1-3.6)	Plays in group games without constant adult supervision					

Early Childhood Behavior Rating Checklist (cont.)

Area: Social – Interaction Play with Peers (Continued)

X behaviors descriptive of child's play skills

Age	Item	Assessment Dates				Comments
3.6 yr.	Associative play taking place over parallel play (several children engage in same activity with frequent interaction)					
3.6 yr. (3.0-4.0)	Takes turns; suggests taking turns					
3.6	Begins to share toys; less hoarding					
3.6 yr.	Begins to discriminate among acquaintances, choosing special friends					
4.0	Plays cooperatively with other children (group play in which each child takes a part, assigning roles to each other)					
4.6 yr.	Comments on actions of peers in play (criticizes, bosses)					
4.6 yr. (4.0-5.0)	Shows sympathy or comforts playmates in distress					
5.0 yr.	Plans play activity in advance with peers					
5.1 (4.7-5.6)	Some sex differentiation in play					

Sample Form 14

Early Childhood Behavior Rating Checklist (cont.)

Area: Social – Interaction Play with Peers (Continued)

X behaviors descriptive of child's play skills

Age	Item	Assessment Dates				Comments
5.6 yr (5.0-6.0)	Plays according to rules of fair play					
5.6 yr (5.0-6.0)	Chooses own friends					
5.6 yr.	Plays floor games					
6.1 yr.	Plays easy table games such as checkers (follows rules, takes turns, knows winner)					
6.1 yr.	Shares secrets with friends (not told to adult)					

Sample
School Intervention
Form

Sample Form 15

School Intervention Checklist/Previous Alternatives Attempted

Student's Name	Birthdate
Home School District	Today's Date
School of Attendance	Person Completing Form

Please check and comment on what has been tried with this student. Attach written documentation.

Technique	Have Tried	Date(s)	Staff	Result
Teacher consulting with child in regard to his/her interests				
Defining student's limits				
Positive reinforcement program				
Tutoring				
Contracting				
Seating change				
Isolation/timeout				
Principal's intervention				
Detentions				
Suspension notices				
Special education support services consultation with teacher				
Parent conferences				
Home/school checklist				
School counseling				
Schedule modification				
Instructor(s) change				
Social Service involvement				
Counseling (outside)				
Family therapy (outside)				
Credit status				
Other:				

Sample
Student Interview
Forms

Sample Form 16

Student Interview *(This form consists of 2 pages.)*

Student Name	School	Grade
Interviewer	Title	Date

A student interview should be included as part of each diagnostic assessment. It may be included as part of the testing session, as a break from testing, or as a conclusion to the session. The questions listed are intended only as a guide; they may vary with the age and type of student involved.

- How do you like school?

- Tell me about your teacher.

- Do you know why you are being tested? (Explain)

- How do you think you're doing in school? How do your parents and friends think you're doing in school?

- Do you have many friends? Do you have more friends this year than last?

- How do you get along with your parents? Your brothers and sisters?

Student Interview (cont.)

- Do you have friends at home in your neighborhood?

- What do you want to do when you grow up? (When you finish school?)

- *If truant,* what do you do when you don't go to school?

- Do you have a job? How many hours do you work?

- What do you do in your spare time?

- What do you want? (How can school help you?)

- If you were placed in a special program, would you go?

- What was your best year in school? Your worst?

Sample Form 17

Student Interview–Version 2 *(This form consists of 5 pages.)*

Learning Style and Strategies Questionnaire

Name	Date
School	Grade
Person Administering	Title

To: You, the student

The following checklist items are meant to gain a better picture of you as a learner. There are no right or wrong answers. Feel free to add comments at any point or to add changes to any item checked. Ask questions about anything that is unclear. Knowing how you learn and how you honestly feel about school tasks can help teachers help you to be more successful in school.

Learning Factors: Check those items when "I study and remember best . . ."

My best time: ☐ Morning ☐ Mid-day ☐ Afternoon
☐ Evening ☐ Night ☐ Other ____________

Best place: ☐ Home ☐ School ☐ Other ____________

If at school:
☐ Library ☐ Learning Center ☐ Study Hall
☐ Other ________________________________

Preferred conditions while studying:

Rules: ☐ Strict ☐ None ☐ Flexible

Rules made by: ☐ Parents ☐ Teacher ☐ Class ☐ Me

Activity level during study: ☐ Little ☐ Occasional
☐ Active

Study location: ☐ At desk/table ☐ Sitting (comfortable chair)
☐ On floor ☐ Reclining (couch or bed)

Sound conditions:
☐ Quiet ☐ Music (Kind: __________ Volume: __________)
☐ TV ☐ Conversation ☐ Other ____________________

Do interruptions bother you? ☐ Yes ☐ No

With whom? ☐ Alone ☐ A partner ☐ Small group
☐ Parents ☐ Large group

Student Interview–Version 2 (cont.)

Learning Style and Strategies Questionnaire (cont.)

Preferred learning materials: Given a choice of materials/ways of learning, I prefer:

☐ Visual (see, read it)
☐ Auditory (hear it, listen)
☐ Kinesthetic (do it, write it, hands-on)
☐ Combination of learning materials: ______________________________
☐ Other ______________________________

Work motivation: The main reason(s) I do my school work/assignments/studying is because:

☐ I want to
☐ Teachers expect me to do it
☐ My parent(s):
  ☐ Expect it ☐ Demand it
☐ To meet the deadline
☐ I'll get something for it:
  ☐ Better grades ☐ money
  ☐ Privileges/activities
  ☐ Other ______________________________

☐ Other ______________________________

Learning Approaches Strategies: "I usually . . ."

In Class (lectures/discussions)

☐ Take notes
  ☐ throughout lecture
  ☐ when told to copy notes

☐ Listen closely
  ☐ volunteer
  ☐ when called on

☐ Ask questions
  ☐ during class
  ☐ direct to teacher later

☐ Other ______________________________

Using the Textbook:

☐ Take notes
☐ Underline/highlight
☐ Discuss with others
☐ Write down questions to ask teachers/friends
☐ Other ______________________________

Sample Form 17

Student Interview–Version 2 (cont.)

Learning Style and Strategies Questionnaire (cont.)

Study time: "I can settle down and study for . . . "

☐ 15 minute blocks ☐ 30 minute blocks ☐ 1 hour blocks
☐ As long as it takes to finish

The maximum time I can study at one time (and have it do any good) is ____________________

Planning study time:

☐ It's easy to plan the right amount of study
☐ I have trouble planning the right amount of study time
☐ I run out of time
☐ I study the wrong things
☐ I can't remember after I've studied
☐ I plan, but put things off too long
☐ I don't plan
☐ I don't study

Test approach: "When I study for tests, I . . . "

☐ Read the material the day or night before the test
☐ Spread out studying over 2-3 days/nights
☐ Panic: ☐ Because I didn't study
  ☐ Even though I studied

Things I do to get ready for a test:

☐ Reread notes
☐ Read the text (first time)
☐ Copy flowcharts of importance, charts, graphs, figures
☐ Avoid studying:
  ☐ It makes me nervous
  ☐ It won't help
  ☐ I already know all the information
  ☐ I'd rather do something/anything else
☐ Write new notes
☐ Reread text
☐ Discuss notes
☐ Discuss text

Memorizing Strategies: "The things I do to help me memorize or remember include . . . "

☐ Go over and over the material (How may times? ______)
☐ Think of mental pictures to help me remember:
  ☐ realistic things ☐ nonsense/unreal things
☐ Make up words or sentences to remember the order of lists
☐ Break lists into smaller groups to learn
☐ Outline the material
☐ Use rhyming to recall things
☐ Put things into categories to help remember
☐ Other ____

Sample Form 17

Student Interview—Version 2 (cont.)

Learning Style and Strategies Questionnaire (cont.)

INSIGHT REACTIONS *Check any and all answers that are right for you.*

Tests: Different people find different kinds of test questions hard or easy. Some say "I hope it's an essay test!" and others say "True-False!" Label these test question types according to how difficult you find them.

	Difficult for me	Neutral difficulty	Easy for me
Multiple choice questions	☐	☐	☐
True/false questions	☐	☐	☐
Matching questions	☐	☐	☐
Listing questions	☐	☐	☐
Fill in questions	☐	☐	☐
Short answer questions	☐	☐	☐
Essay questions	☐	☐	☐
Label (example, diagrams, maps, etc.)	☐	☐	☐
Other ____________________	☐	☐	☐

Assignments: Label these assignment types according to how difficult you find them.

	Difficult for me	Neutral difficulty	Easy for me
Daily chapter/questions (I do them)			
☐ In class ☐ As homework			
Experiments/demonstrations	☐	☐	☐
Group projects	☐	☐	☐
Individual projects	☐	☐	☐
Written reports	☐	☐	☐
Oral reports	☐	☐	☐
Workbook assignments	☐	☐	☐
Other ____________________	☐	☐	☐

Student Interview - Version 2 (cont.)

Learning Style and Strategies Questionnaire (cont.)

Sources of help:

I ask for help:

☐ Freely whenever I need it
☐ Once in a great while
☐ Only when under a lot of pressure
☐ When someone asks if I need/want help
☐ Never

I get help from:

☐ Teachers (exceptions: ____________________)
☐ Parent(s)
☐ Brother(s)
☐ Sister(s)
☐ Classmate(s)
☐ Other: ____________________________

Frustrations: "I become most upset or frustrated with . . ." *(check all that apply)*

☐ Teacher presentations (especially ________________________________)
☐ Reading textbooks

  ☐ Too difficult to read
  ☐ I don't understand the information
  ☐ I can't read them
  ☐ I don't understand the questions
  ☐ I don't remember the information
  ☐ I don't study enough

☐ Grades I get: ☐ As ☐ Bs ☐ Cs ☐ Ds ☐ Fs (I expect ___s; I want ___s)
☐ My classmates' reactions ____
☐ My parents' reactions ____
☐ My teachers' reactions ____

Explain the reactions that bother you:

My general feelings about school:

☐ It's fun!
☐ It's OK
☐ I'd rather not have to be here
☐ I hate it

Sample Form 10

Student Interview - Version 2 [illegible]

Name:	Date:
School:	Grade:
Person Administering:	Title:

School related

- How are you doing in school?
- What do you like and/or dislike in school?
- What courses do you like/dislike?
- Are you able to do the work?
- Why do you figure you're not doing well in school?
- How do you get along with your teachers?
- Do you think your teachers (and administrators) are fair?
- What do you think you need to do to be more successful in school?
- When was the last time you had a really good day at school? What made it so?
- Are you into any extracurricular activities here at school?
- Who do you hang around with at school?
- How do you get along with the other students?

Student Interview–Version 3 (cont.)

- How would you feel about getting some extra help in school?
- What kind of difficulties are you having in school?
- How do you feel about your last report card?
- How do you ask a teacher for help when you need it?
- If you could change anything about school, what would you change?
- What was your best year ever in school?
- What was your worst year ever in school?
- Is it hard for you to pay attention in "lecture" type classes?
- If I gave you two sets of directions (written or oral), which would be easier for you to follow?

Home related:

- Do you live with both parents? (If not) How often do you see your (absent) parent(s)?
- How are things going at home?
- How do you get along with your family (members)?
- Tell me about your family. Tell me one thing you like and dislike about each family member.
- Are your parents fair?
- How do your parents feel about the difficulties you've been having in school?

Sample Form 18

Student Interview–Version 3 (cont.)

- How do your parents discipline you?
- What responsibilities do you have around the house?
- Do you love your parents? When was the last time you told them? How do you show it?
- Do your parents love you? How do they show it?
- What kinds of things does your family do together?
- How do you earn your spending money?

Personal and social-related:

- Are you in good health?
- Are you currently taking any medication?
- When do you go to bed at night? Do you sleep well?
- Are you a morning person or an evening person?
- Are you supposed to wear glasses?
- Do you drink? How much; how often?
- Are you doping much?
- Are you satisfied with the way your life is going now?
- Have you ever been in trouble with the law? How? Why? When?

Student Interview–Version 3 (cont.)

- Who is someone you really look up to? Why?
- What makes you angry or upset?
- What makes you happy or feel good about yourself?
- Aside from school, what do you do well?
- Do you have any hobbies or special interests?
- Is it helpful for you to know what you can and can't do?
- Are you into any outside activities? Church, Scouts, Youth Groups, Sports Teams?
- Describe an average day after you get out of school?
- What do you and your friends like to do together? Do you have many friends?
- Do you get into many fights?
- What do you do when you get frustrated—can't get what you want when you want it?

Educationally/vocationally-related:

- Have you ever had a job?
- Are you working now? Where, when, how long?
- What kind of vocational plans do you have?
- What kinds of jobs have you thought about?
- Do you know what you need to do to become _________? (requirements, prerequisites)

Sample Form 18

Student Interview–Version 3 (cont.)

- What are your plans when you're done with school?

- What do you want to be doing five years from now? Ten years from now?

- What does your mother/father do?

- Are you going to get married? What do you look for in a mate?

Sample Form 19

Student Interview–Version 4

Name	School
Rater	Date

Directions: Read each statement. Circle the number which best describes how often each behavior occurs.

1 = Less than once per month; 2 = about once per month; 3 = several times per month; 4 = at least once per week; 5 = daily.

I feel like I am alone.	1	2	3	4	5
I like to talk to adults.	1	2	3	4	5
I like to talk to people my own age.	1	2	3	4	5
I look at people when I talk to them.	1	2	3	4	5
I like meeting new people.	1	2	3	4	5
I like going to new places.	1	2	3	4	5
I answer the phone or the doorbell at home when it rings.	1	2	3	4	5
I talk to the neighbors or other familiar people when I have a chance	1	2	3	4	5
I prefer to do activities with others.	1	2	3	4	5
I prefer to do things by myself.	1	2	3	4	5
I spend time doing things in my room.	1	2	3	4	5
When I need to, I will ask a stranger for information.	1	2	3	4	5
I feel like nobody likes me.	1	2	3	4	5
In school, I answer questions and participate in class discussions.	1	2	3	4	5
I am shy.	1	2	3	4	5
I don't know what to say to other people.	1	2	3	4	5
If someone needs help, I will usually offer to help them.	1	2	3	4	5
I watch TV.	1	2	3	4	5
In school, I talk to the other students.	1	2	3	4	5
I daydream.	1	2	3	4	5

Sample Form 20

Student Interview–Version 5 *(This form consists of 2 pages.)*

Name

Interviewer

School

Date

1. How do you see yourself in terms of strengths and weaknesses in school at this point?

Strengths:

Weaknesses:

2. What knowledge areas do you feel you need to strengthen before leaving high school and/or living independently? *Check all that apply.*

☐ Reading
☐ Spelling
☐ Writing/Composition
☐ Letter writing
☐ Math
☐ Consumer protection information
☐ Understanding contracts
☐ Money related skills (checking accts., figuring interest, etc.)
☐ Knowing your rights/obligations
☐ Understanding the legal system
☐ Other—*Specify* ______________________

3. At this point, what do you plan/hope to do beyond high school?

4. Describe your job/work experiences (babysitting, caddying, newspaper route, etc.).

5. Are there any job seeking/working skills that you feel you need to develop before leaving high school?

☐ Job applications
☐ Interviewing
____
☐ Making phone contacts
☐ Other—*Specify*
____

6. What, if any, additional schooling do you think you might/will want after high school?

☐ Vocational school
☐ College
☐ Other—*Specify* ______________________

Sample Form 20

Student Interview–Version 5 (cont.)

7. Do you need more information on schools/programs/jobs, etc? ☐ Yes ☐ No
8. Have you talked with your counselor about this? ☐ Yes ☐ No

Sample
Parent Interview
and Questionnaire
Forms

Sample Form 21

Parent Interview–Version 1 *(This form consists of 2 pages.)*

Student Name	Parent Responding
School	Date of Interview
Interviewer	Title

State rules require information and involvement from parents throughout the M-Team process. It is recommended that parents be interviewed in a non-threatening environment, preferably their home. The following list of questions may be used as a guide, with additional suggestions provided by other assessment tools.

1. What specific behaviors does your child exhibit which concern you? What do you do when this happens? What does the child do?

2. What does your child do well at home?

3. What are the child's best times of day? Worst?

4. Characterize child's friends? One? Many?

5. Does your child instigate problems or does s/he respond to others?

6. Does ypur child do homework? ☐ Always ☐ Sometimes ☐ Never

Parent Interview–Version 1 (cont.)

7. How does your child play with others? Does s/he withdraw?

8. Is this child significantly different from others? How?

9. Does your child like school? ☐ Yes ☐ No

10. What was the child's best and worst year?

11. What does your child do in spare time?

12. Does your child need special help in school?

13. Has the diagnostic process for determining emotional disturbance been explained to you?
☐ Yes ☐ No

14. Is your child trustworthy at home? ☐ Yes ☐ No

15. What kinds of responsibilities does your child have at home?

Sample Form 22

Parent Interview–Version 2 (This form consists of 2 pages.)

(corresponds to student interview–Version 4)

Student Name	Parent Responding
School	Date of Interview
Interviewer	Title

Directions: Read each statement. Circle the number which best describes how often each behavior occurs.

1 = Less than once per month; 2 = about once per month; 3 = several times per month; 4 = at least once per week; 5 = daily

The student spends time alone in his/her room or in other parts of the house. About how much time is spent alone each day? ________	1	2	3	4	5
The student engages in activities alone.	1	2	3	4	5
The student socializes with others in the same age range.	1	2	3	4	5
The student enjoys meeting new people.	1	2	3	4	5
The student enjoys going to new places.	1	2	3	4	5
The student watches television. About how much TV does he/she watch each day? ________	1	2	3	4	5
The student talks with parents and other family members.	1	2	3	4	5
The student converses with familiar people outside of the family.	1	2	3	4	5
The student requests information from strangers (e.g., asks for help in a store).	1	2	3	4	5
The student willingly participates in family social activities.	1	2	3	4	5
The student is shy.	1	2	3	4	5
The student is quiet.	1	2	3	4	5
The student looks at family members when speaking.	1	2	3	4	5
The student looks at strangers when speaking.	1	2	3	4	5
The student appears to be in deep thought.	1	2	3	4	5

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Sample Form 22

Parent Interview—Version 2 (cont.)

The student is a happy person	1	2	3	4	5
The student answers the phone or the door without prompting	1	2	3	4	5
The student displays a variety of emotions	1	2	3	4	5
The student follows instructions without questioning	1	2	3	4	5
The student seeks out approval and recognition	1	2	3	4	5

Comments:

Sample Form [illegible]

Parental Interview - Version 1 *[illegible]*
(Early childhood and primary level)

Child's Name	Age	Parent Responding
Person Interviewing		Date Interviewed

Background Information

Referral Reason

Who observed?

Starting when?

Has the child ever been in ☐ school, ☐ day care, or with a ☐ babysitter all day?

Where

When

Behavior at that time

Family Makeup: ☐ Mom ☐ Dad *Indicate number in family:* ☐ Brothers _____ ☐ Sisters _____

Anyone else in household?

☐ Problems with individual family members?

Family Activities

Child's participation in family activities

Parental Interview - Version 3 (cont.)

Child's Health

General health

Colds per year

☐ Allergies?

☐ Hospitalizations?

Sleep habits: Hours per night ____ to ____ ? ____

☐ Naps?
☐ Does child sleep through night?
☐ Hard to get to sleep?

Hearing? (Is child able to hear all sounds in environment?) Yes ☐ No ☐

☐ History of ear infections?
☐ Tubes?
☐ Has hearing been tested?

Vision?

☐ Sits close to TV?
☐ Rubs eyes a lot?
☐ Eyes tested?

☐ Medication?

What?

How long?

For what?

☐ Previous medication?

Parental Interview–Version 3 (cont.)

☐ Seizures/convulsions?

When:

Under control?

Current Functioning

Self help skills

Eating: (Check all that apply) Does child use: ☐ spoon ☐ fork knife: ☐ for cutting
☐ for spreading

Neatness:

☐ Does child eat most food?

☐ Fussy?

Any food they won't eat?

Favorite foods?

☐ Unusual habits?

☐ Taking vitamins?

Toileting: Toilet trained? Yes ☐ No ☐

☐ Bladder

☐ Bowel

☐ Wets the bed

☐ Able to say he/she needs to go

☐ Wipes

☐ Dry in the day

☐ Needs reminders to go

☐ How they indicate need to go

☐ Manage clothing

Dressing:

☐ Able to dress

☐ Undress

☐ Put on and take off coat/jacket?

Sample Form 23

Parental Interview–Version 3 (cont.)

Able to:

☐ Button ☐ Unbutton
☐ Snap ☐ Unsnap
☐ Zip ☐ Unzip ☐ Engage
☐ Tie ☐ Untie
☐ Lace shoes

Child can put on:

☐ Shoes ☐ Socks
☐ Pants ☐ Shirt
☐ Underwear ☐ Pajamas

Grooming:

☐ Washes hands (independently) ☐ Washes face (independently)
☐ Bathes alone ☐ Bathes with parent present
☐ Combs own hair ☐ Tries to comb own hair
☐ Successfully combs own hair

Can the child brush own teeth? Yes ☐ No ☐

☐ With help ☐ Alone
☐ Successfully

Will the child pick up toys?

☐ With reminders ☐ With help
☐ Spontaneously

Does the child help with household tasks? Yes ☐ No ☐

Social Skills:

Play skills:

Does child play with siblings? ☐

☐ Peers?
☐ Neighborhood children? Are skills ☐ cooperative or ☐ parallel?
☐ Can child play independently? .... How long? ____________________
What are favorite toys? ____________________ Does he/she share toys? Yes ☐ No ☐

Parental Interview–Version 3 (cont.)

Attention span:

How long can the child watch television? ____________________

Sit at the table? ____________________

Listen to stories? ____________________

Play without adult attention? ____________________

Eye Contact? ☐

Under what circumstances? ____________________

☐ **Does the child accept affection?**

From whom? ____________________

Behavior:

Compliance: Out of ten separate commands, how many will be followed? ____________________

How often do commands need to be repeated? ____________________

Any time of day better? ____________________

Better with certain people? ____________________

Aggressions: ☐

How often? ____________________

Toward whom? ____________________

How severe? ____________________

How handled? ____________________

Temper tantrums: ☐

How long? ____________________

How often? ____________________

What does s/he do? ____________________

Cause? ____________________

Around whom? ____________________

Where? ____________________

How handled? ____________________

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Sample Form 23

Parental Interview–Version 3 (cont.)

Crying: ☐

How often? ____________________

Is cause identifiable? ____________________

How handled? ____________________

Withdrawal:

☐ Isolates self?

☐ Seems "spacey?"

When? ____________________

How long? ____________________

☐ Very shy?

☐ Will child approach strange peers?

☐ Adults?

Bizarre behavior:

☐ Self-abuse (head banging, biting, etc.)?

☐ Unusual behaviors (rocking, hand flapping, toe walking)?

☐ Are emotions appropriate?

☐ Odd noises or screaming?

☐ Ritualistic or perseverative behaviors? ____________________

☐ Echolalic speech?

Fears:

☐ Are appropriate fears present? ____________________

☐ Inappropriate fears? Of what? ____________________

Sample Form 23

Parental Interview–Version 3 (cont.)

Safety:

☐ Follows safe play rules?
☐ Plays with fire?
☐ Avoids hazards?
☐ Plays outside alone?
☐ Crosses streets alone?
☐ Wanders away?
☐ Shows appropriate behavior with strangers?

Discipline:

How is child disciplined?

Is this effective?

How long has this been used?

Has this been previously tried?

Is this used by all parties dealing with the child?

Would parent like child's behavior under better control?

Notes:

Sample Form 24

Parent Problem Behavior Checklist *(This form consists of 4 pages.)*

Student	School
Parent Responding	Date
Return to:	Title

Parents' Checklist

Directions: Listed below are behavioral and/or emotional characteristics that may indicate a child has significant behavioral/emotional differences. Please respond to each item which pertains to your child. If an item does not pertain, put "NA" in front of the item. If it is relevant, mark the space with the number 1, 2, or 3 as follows: **(1 = the item is noticed occasionally; 2 = the item is noticed frequently; 3 = the item is noticed almost constantly):**

Peer/Sibling Relationships

_____ Child is physically aggressive to others.

_____ Child is verbally abusive to others.

_____ Child is negatively influenced by others (involved in drug use, illegal activities, etc.).

_____ Child has no friends in the neighborhood.

_____ Child has volatile, unstable relationship with friends.

_____ Child plays inappropriately with others.

_____ Child engages in inappropriate sexual activities.

_____ Child steals from siblings/friends.

_____ Other—*Specify* ____

Parent/Other Adult Relationships

_____ Child is physically aggressive to parents.

_____ Child is verbally abusive to parents.

_____ Child provokes angry responses from parents.

_____ Child appears excessively dependent.

_____ Child engages in power struggle with parents.

Parent Problem Behavior Checklist (cont.)

(1 = the item is noticed occasionally; 2 = the item is noticed frequently; 3 = the item is noticed almost constantly):

_____ Child actively avoids interaction with parents.

_____ Child has excessive need for approval—is perfectionistic, over-meticulous.

_____ Child sets self up to get blamed.

_____ Child instigates inappropriate behavior from others.

_____ Child has temper tantrums.

Behavior/Feelings

_____ Child destroys property

_____ Child seeks attention in inappropriate ways (e.g., disruptive behavior, disruptive language).

_____ Child is excessively active.

_____ Child refuses to work or participate in learning activities.

_____ Child seems to hate school

_____ Child appears self-destructive (pulls hair out, bites self).

_____ Child's behavior appears bizarre or very unusual.

_____ Child demonstrates a lack of emotional response.

_____ Child's emotional responses are volatile or highly changeable.

_____ Child lies, cheats, steals.

_____ Child appears rigid—has difficulty making changes or transitions.

_____ Child appears disoriented or "spacey."

_____ Child is excessively scattered and disorganized (can never find things).

_____ Child seems to lack a sense of self.

_____ Child can't seem to separate fact from fantasy.

_____ Other—*Specify* ____

Sample Form 24

Parent Problem Behavior Checklist (cont.)

(1 = the item is noticed occasionally; 2 = the item is noticed frequently; 3 = the item is noticed almost constantly):

Mood/Attitudes

_____ Child is listless and apathetic.

_____ Child appears suicidal.

_____ Child appears very pessimistic.

_____ Child is excessively withdrawn.

_____ Child cries excessively without apparent cause.

_____ Child demonstrates hopelessness and despair.

_____ Child has a low activity level.

_____ Child denies responsibility for activities.

_____ Child feels inadequate; seems overly sensitive to perceived slights.

_____ Child hides behind hair, jacket, hat, etc.

_____ Child has many physical symptoms (stomach aches, headaches, etc.).

_____ Child appears tired; complains of disturbed sleep, and bad dreams.

_____ Child appears to lack appetite for food.

_____ Child appears generally unkempt.

_____ Child appears anxious.

_____ Other—*Specify* ____

Physical Symptoms/Fears

_____ Weight problem.

_____ Self-mutilating behavior.

_____ Frequent visits to doctor.

_____ Chemical dependency or abuse.

_____ Accident-prone.

_____ Absences or tardiness from school due to illness.

Sample Form 24

Parent Problem Behavior Checklist (cont.)

(1 = the item is noticed occasionally; 2 = the item is noticed frequently; 3 = the item is noticed almost constantly):

_____ Potentially stress-related illnesses, frequent and/or recurring:

- _____ headaches
- _____ stomach aches
- _____ asthma
- _____ back aches
- _____ sleeplessness
- _____ excessive sleepiness
- _____ hives, rashes
- _____ ulcers
- _____ migraines
- _____ colitus

_____ Chronic anxiety

_____ Fear-related anger

_____ School avoidance or school phobia

_____ Excessive withdrawal in response to stress

Please indicate which situations seem to elicit stress or fear in the child. **S = Stress F = Fear**

- _____ Discipline
- _____ New situations
- _____ New student groups
- _____ Authority figures
- _____ Taking tests
- _____ Phy. Ed. Classes
- _____ Other classes
- _____ Separation from home (being away from parents)
- _____ Reading/Writing
- _____ Failure
- _____ Success
- _____ Being touched
- _____ Mathematics
- _____ Males
- _____ Females
- _____ Other—*Specify* ______________________

How long have you been concerned about most of the behaviors you have checked?

Sample
M-Team and IEP
Data Gathering
Forms

Sample Form 25

Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance (from PI 11.35(2)(g)) (This form consists of 4 pages.)

Student	Age
School	Date
Reporter	Sources of Information

NOTE: This is not a DPI required form or process but a tool the district may wish to use to assist M-Teams to "discuss, consider and . . . compare all information, . . . evaluations and findings . . . using the criteria established in s. PI 11.35." (PI 11.04(1)(d)). Procedures for gathering this information are contained in Administrative Rule PI 11.04.

Behaviors *List how specific observed or reported behaviors are manifested*	**Environments** *(Check where behavior occurs.)*			**Severity** *Why is behavior considered severe? Varying from age-norm, interfering, how affecting, etc.*	**Frequency** *How often in a period of time does it occur?*	**Chronicity** *For how long has it been occurring—age of onset?*
	School	**Home**	**Community** *Specify*			
a. An inability to develop or maintain satisfactory interpersonal relationships.						
b. Inappropriate affective or behavioral response to what is considered a normal situational condition.						

Sample Form 26

Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance (cont.)

Behaviors *List how specific observed or reported behaviors are manifested*	**Environments** (Check where behavior occurs)			**Severity** *Why is behavior considered severe? Varying from age mates, interfering, how affecting, etc.*	**Frequency** *How often in a period of time does it occur?*	**Chronicity** *For how long has it been occurring - age of onset?*
	School	**Home**	**Community** *Specify*			
c. A general pervasive mood of unhappiness, depression or state of anxiety.						
d. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.						

Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance (cont.)

Behaviors [illegible]	**Environments** [illegible]			**Severity** [illegible]	**Frequency** [illegible]	**Chronicity** [illegible]
	School	Home	Community [illegible]			
[illegible] A profound disorder in communication or socially responsive behavior, e.g., autistic-like						
[illegible] An inability to learn that cannot be explained by intellectual, sensory, or health factors.						

Synthesis of Behavioral Data Documenting the Presence of Emotional Disturbance (cont.)

Behaviors [illegible]	**Environments** [illegible]			**Severity** [illegible]	**Frequency** [illegible]	**Chronicity** [illegible]
	School	Home	Community [illegible]			
[illegible]						
[illegible]						

Sample Form 26

Individual M-Team Report For Suspected Emotional Disturbance *(This form consists of 5 pages.)*

NOTE: This is not a DPI required form or process but a tool the district may wish to use to assist M-Teams to "prepare a written report of 'their' evaluations . . . and findings" (PI 11.04(3)(g) within the framework of the eligibility criteria for emotional disturbance.

Student	Date
Parent/Guardian	Date of Birth
M-Team Member	Title
Frequency and function of contact with student	Sources of information

FINDINGS OF EVALUATIONS, OBSERVATIONS, INTERVIEWS

I. Describe student's interpersonal relationships.

- With peers:
- With authority figures:
- With family:

II. Describe any inappropriate responses to normal situations.

- With peers:
- With authority figures:
- With family:

Individual M-Team Report (cont.)

III. Describe how student expresses unhappiness, depression, or anxiety. Is this mood chronic?

- In school:
- In home:
- In community:

IV. Describe any tendencies to develop physical symptoms, pains, or fears associated with personal or school problems.

- In school:
- In home:
- In community:

Sample Form 26

Individual M-Team Report (cont.)

V. Describe any communication disorder or disturbance of socially responsive behavior.

- In school:

- In home:

- In community:

VI. Describe inability to learn that can't be explained by intellectual, sensory, or health factors; what techniques have you used to assist learning?

- In school:

- In home:

- In community:

Individual M-Team Report (cont.)

VII. Describe student's extreme withdrawal from social interaction over an extended period of time.

- In school:
- In home:
- In community:

VIII. Describe student's extreme aggressiveness over an extended period of time.

- In school:
- In home:
- In community:

Individual M-Team Report (cont.)

Describe any other severe and inappropriate behaviors which vary from peers/siblings and adversely affect the student or others in the educational program:

Current evaluation levels (grade level or percentile)

Subject	Test	Date	Score (Gr. or %)
Math			
Reading			
Language			
Writing			
Spelling			
Intelligence			

Behavioral evaluations conducted

M-Team Evaluation Report (Form 27) and Individualized Education Program (IEP) (Form 28)

The DPI's Division for Handicapped Children and Pupil Services of the Bureau for Exceptional Children is in the process of developing sample forms for Wisconsin school districts to use. The multidisciplinary team summary report form and the individualized education program (IEP) form are being developed in cooperation with representatives of local education agencies. These forms will be submitted to the United States Department of Education, Office of Special Education Programs, for review and approval of their consistency with federal requirements. These sample forms will meet all the procedural requirements of both state and federal law and regulation. It is anticipated that these sample forms will be available by late summer, 1990.

References

References

American Association of Psychiatric Services for Children. *Developmental Review in the Early and Periodic Screening, Diagnosis, and Treatment Program.* Washington, DC: Department of Health, Education, and Welfare; Medicaid Bureau, 1977.

Bower, E.M. *Early Identification of Emotionally Handicapped Children in School.* 2nd ed. Springfield, IL: Charles C. Thomas, 1969.

Brolin, Donn E. *Life-Centered Career Education: A Competency Based Approach.* Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091, 1986.

Gersten, J.C. "Stability and Change in Types of Behavioral Disturbance of Children and Adolescents." *Journal of Abnormal Child Psychology* 4:2 (1976), pp. 111-127.

Halseth, S. L. *Screening from "At Risk" to Educational Management: Review of Social Emotional Behavior.* Chippewa Falls, WI: ED Screening and Awareness Project, CESA 10, 1982 (available from WI DPI, Bureau for Exceptional Children).

Hobbs, N. *The Futures of Children: Categories, Labels and Their Consequences.* San Francisco: Jossey-Bass, 1975.

Indiana Committee on the Emotionally Handicapped. *Strategies for Improving Indiana's Programs for Seriously Emotionally Handicapped Students.* Indianapolis, IN: Department of Education, Division of Special Education, 1986.

Indiana Department of Public Instruction Guide Book. Indianapolis, IN: Department of Public Instruction, 1985.

Knezevich, Stephen, *Administration of Public Education.* New York: Harper and Row, 1975.

McLoughlin, J., and R. Lewis. *Assessing Special Students.* 2nd ed. Columbus, OH: Charles E. Merrill, 1986.

Merriam-Webster Dictionary. New York: Pocket Books, 1974.

Newland, T.E. "Psychological Assessment of Exceptional Children and Youth." In *Psychology of Exceptional Children and Youth.* Ed. W. Cruickshank. Englewood Cliffs, NJ: Prentice Hall, 1971.

Ollendick, T., and M. Hersen. *Child Behavioral Assessment: Principles and Procedures.* New York: Pergamon Press, 1984.

Rotatori, L., and R. Fox. *Assessment for Regular and Special Education Teachers.* Austin, TX: Pro-Ed, 1985.

Sulzer-Azaroff, B., and G.R. Mayer. *Achieving Educational Excellence.* New York: Holt, Rinehart and Winston, 1986.

Walker, J., and T. Shea. *Behavior Management: A Practical Approach for Educators.* 3rd ed. St. Louis: Times Mirror/Mosby College Publishing, 1984.

Wisconsin Register. Madison, WI: State of Wisconsin, 1978.